

<i>SERFF Tracking Number:</i>	<i>SNLF-128477205</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Sun Life Assurance Company of Canada</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>2012 CRITICAL ILLNESS-CANCER</i>		
<i>TOI:</i>	<i>H07G Group Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H07G.001 Critical Illness</i>
<i>Product Name:</i>	<i>2012 Critical Illness-Cancer</i>		
<i>Project Name/Number:</i>	<i>2012 Critical Illness-Cancer/2012 Critical Illness-Cancer</i>		

## Filing at a Glance

Company: Sun Life Assurance Company of Canada

Product Name: 2012 Critical Illness-Cancer	SERFF Tr Num: SNLF-128477205	State: Arkansas
TOI: H07G Group Health - Specified Disease - Limited Benefit	SERFF Status: Closed-Approved-Closed	State Tr Num:
Sub-TOI: H07G.001 Critical Illness	Co Tr Num: 2012 CRITICAL ILLNESS-CANCER	State Status: Approved-Closed
Filing Type: Form	Reviewer(s): Rosalind Minor	
	Disposition Date: 06/25/2012	
	Authors: Margaret Carvalho, Thomas Miele, Christopher McAuliffe, Pat Squillacioti, zSERFFstaff zIndustrySupportLJ, Marion Pagluica, Lori Chilcote, Pauline Michaud, Ellen Thibodeau, Linda Murphy, Stacy Amos, zSERFFStaff zzIndustrySupportRK	
	Date Submitted: 06/22/2012	Disposition Status: Approved-Closed
Implementation Date Requested: 09/03/2012		Implementation Date:
State Filing Description:		

## General Information

Project Name: 2012 Critical Illness-Cancer	Status of Filing in Domicile: Pending
Project Number: 2012 Critical Illness-Cancer	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: These forms have been submitted to our domiciliary state of Michigan and are pending approval.
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small and Large
Group Market Type: Employer	Overall Rate Impact:
Filing Status Changed: 06/25/2012	
State Status Changed: 06/25/2012	Deemer Date:
Created By: Christopher McAuliffe	Submitted By: Margaret Carvalho

SERFF Tracking Number: SNLF-128477205 State: Arkansas  
Filing Company: Sun Life Assurance Company of Canada State Tracking Number:  
Company Tracking Number: 2012 CRITICAL ILLNESS-CANCER  
TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness  
Limited Benefit  
Product Name: 2012 Critical Illness-Cancer  
Project Name/Number: 2012 Critical Illness-Cancer/2012 Critical Illness-Cancer

Corresponding Filing Tracking Number:

Filing Description:

Sun Life Assurance Company of Canada

NAIC # 549-80802

FEIN # 38-1082080

RE: Forms Submitted for Approval

12-SD-C-01 - Group Critical Illness Insurance Certificate

12-SD-R-01 - Recurrence Benefit Rider

12-GP-01 - Group Policy of Incorporation

12-GP-E-01 - Rate Information Endorsement

Dear Sir or Madam:

We submit the above referenced forms for your review and approval. These forms are new and do not replace any other forms previously approved by your Department. These forms are intended to comply with all applicable laws, rules, bulletins and published guidelines of your state. They are submitted in final print format, subject only to minor variations in color, paper stock, duplexing, shading, fonts and positioning.

These forms have been submitted to our domiciliary state of Michigan and are pending approval.

12-SD-C-01 - Group Critical Illness Insurance Certificate

This certificate will pay a lump-sum benefit payment to the insured upon diagnosis of a covered condition specified in the certificate. The employer may elect to offer any or all coverage available which includes employee insurance, spouse insurance and dependent children insurance. We will pay only one benefit for each covered condition and will not pay more than an aggregate of 100% of the benefit payable for covered conditions in the same category. Additionally, we will not pay more than an aggregate of 200% of the benefit payable for all the covered conditions in all categories.

12-SD-R-01 - Recurrence Benefit Rider

This is an optional benefit that the policyholder may elect to offer in connection with the critical illness certificate form 12-SD-C-01. It provides a lump-sum benefit each time any eligible Insured is diagnosed with a covered condition for which we previously paid a benefit. The diagnosis must be for a new event and not a re-diagnosis of the covered condition for which we previously paid a benefit.

12-GP-01 - Group Insurance Policy

This policy will be used in connection with various group insurance products we offer. It will initially be used with the

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TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness  
Limited Benefit

Product Name: 2012 Critical Illness-Cancer

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group critical illness certificate form 12-SD-C-01 included with this submission.

#### 12-GP-E-01 - Rate Information Endorsement

This endorsement will be used with group policy form 12-GP-01 to provide the initial premium rates that pertain to the insurance products issued under it.

Please note that we are attaching a previous approved Arkansas Guaranty Notice which will be used with this product.

The enclosed forms include brackets around the items that may vary. The bracketed items shown are the hypothetical values for the representative sample provided. The use of variability in the enclosed forms will be administered as described in the enclosed statements of variable material and in a uniform manner.

Please do not hesitate to contact me if you have any questions regarding this submission. Thank you for your attention to this matter.

State Narrative:

## Company and Contact

### Filing Contact Information

Margaret Carvalho, Compliance Consultant Margaret.Carvalho@sunlife.com  
175 Addison Road 860-737-1278 [Phone] 1278 [Ext]  
W455 860-737-6598 [FAX]  
Windsor, CT 06095

### Filing Company Information

Sun Life Assurance Company of Canada CoCode: 80802 State of Domicile: Michigan  
175 Addison Road Group Code: 549 Company Type:  
Windsor, CT 06095 Group Name: State ID Number:  
(860) 737-1000 ext. [Phone] FEIN Number: 38-1082080

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$200.00  
Retaliatory? No  
Fee Explanation: 4 x 50.00 = 200.00

*SERFF Tracking Number:* SNLF-128477205 *State:* Arkansas  
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*TOI:* H07G Group Health - Specified Disease - *Sub-TOI:* H07G.001 Critical Illness  
Limited Benefit  
*Product Name:* 2012 Critical Illness-Cancer  
*Project Name/Number:* 2012 Critical Illness-Cancer/2012 Critical Illness-Cancer  
*Per Company:* No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Sun Life Assurance Company of Canada	\$200.00	06/22/2012	60354753

*SERFF Tracking Number:* SNLF-128477205 *State:* Arkansas  
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Limited Benefit  
*Product Name:* 2012 Critical Illness-Cancer  
*Project Name/Number:* 2012 Critical Illness-Cancer/2012 Critical Illness-Cancer

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/25/2012	06/25/2012

*SERFF Tracking Number:* SNLF-128477205 *State:* Arkansas  
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Limited Benefit  
*Product Name:* 2012 Critical Illness-Cancer  
*Project Name/Number:* 2012 Critical Illness-Cancer/2012 Critical Illness-Cancer

## **Disposition**

Disposition Date: 06/25/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: SNLF-128477205 State: Arkansas

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	AR Guaranty Notice	Approved-Closed	Yes
Supporting Document	Statements of Variability	Approved-Closed	Yes
Form	Critical Illness/Cancer Certificate	Approved-Closed	Yes
Form	Recurrence Benefit Certificate Rider	Approved-Closed	Yes
Form	Group Policy of Incorporation	Approved-Closed	Yes
Form	Group Policy Rate Informatoin	Approved-Closed	Yes
	Endorsement		

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TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness  
Limited Benefit

Product Name: 2012 Critical Illness-Cancer

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## Form Schedule

### Lead Form Number: 12-SD-C-01

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 06/25/2012	12-SD-C-01	Certificate	Critical Illness/Cancer Certificate	Initial		50.300	AR - 12-SD-C-01 - Critical Illness-Cancer - 6-14-12.pdf
Approved-Closed 06/25/2012	12-SD-R-1	Certificate	Recurrence Benefit Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50.300	12-SD-R-01 - Recurrence Benefit Rider - 6-14-12.pdf
Approved-Closed 06/25/2012	12-GP-01	Policy/Cont	Group Policy of ract/Fratern al Certificate	Initial		50.300	12-GP-01 - Policy of Incorporation - 5-10-12.pdf
Approved-Closed 06/25/2012	12-GP-E-01	Policy/Cont	Group Policy Rate ract/Fratern al Endorsement Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50.300	12-GP-E-01 - Rate Information Endorsement - 5-29-2012.pdf

# SUN LIFE ASSURANCE COMPANY OF CANADA

## Executive Office:

[One Sun Life Executive Park]  
[Wellesley Hills, MA 02481]

[(800) 247-6875]  
[www.sunlife.com/us]

Sun Life Assurance Company of Canada certifies that it has issued and delivered a Group Insurance Policy to the Policyholder shown below [insuring certain Employees of the Employer shown below].

Policy Number:	[000000001]
Policy Effective Date:	[September 1, 2012]
Policyholder:	[ABC Company]
Employer:	[ABC Company]
Issue State:	[Massachusetts]
[Amendment Effective Date:	[September 1, 2012]]

**NOTICE TO BUYER: THIS IS A LIMITED BENEFIT HEALTH CERTIFICATE. THIS CERTIFICATE PROVIDES LIMITED BENEFITS. BENEFITS PROVIDED ARE SUPPLEMENTAL AND NOT INTENDED TO COVER ALL MEDICAL EXPENSES.**

This Certificate contains the terms of the Group Insurance Policy that affect your insurance. This Certificate is part of the Group Insurance Policy.

This Certificate is governed by the laws of the Issue State shown above.

Signed at Wellesley Hills, Massachusetts.



[Dean A. Connor]  
[President and Chief Executive Officer]



[Dana J. Easthope]  
[Vice-President, Associate General Counsel  
and Corporate Secretary]

**Group Critical Illness Insurance Certificate**  
**[Critical Illness and Cancer]**

**Non-Participating**

  
[Sun Life Financial<sup>SM</sup>]

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## 1. BENEFIT HIGHLIGHTS

<b>[Classification:</b>	[Class A]]
<b>Eligible Classes:</b>	[All Employees Actively at Work working in the United States [or Canada] with the Employer. Temporary and seasonal workers are not considered an Eligible Class.]
<b>[Minimum Hours:</b>	[40 hours per week for full-time Employees]]
<b>Eligibility Waiting Period:</b>	[None for all Employees Actively at Work prior to the Policy Effective Date]

### Insurance Amounts

<b>Employee Insurance</b>	[Minimum: [\$5,000]] Maximum: [\$100,000]  [Guaranteed Issue Amount - Initial Enrollment only: [\$50,000]] [Change Increment Amount: [\$5,000]]
<b>[Spouse Insurance</b>	[Minimum: [\$5,000]] Maximum: [\$100,000] [Guaranteed Issue Amount - Initial Enrollment only: [\$50,000]] [Change Increment Amount: [\$5,000]]
<b>[Dependent Children Insurance</b>	[Minimum: [\$5,000]] Maximum: [\$5,000] [Guaranteed Issue Amount - Initial Enrollment only: [\$5,000]] [Change Increment Amount: [\$5,000]]

### [Circulatory Conditions Category - [Employee, Spouse and Dependent Children Insurance]

Covered Condition	Benefit Percentages
[Heart Attack	[100%]]
[Stroke	[100%]]
[Heart Transplant	[100%]]
[Coronary Artery Bypass Surgery	[25%]]
[Aortic Surgery	[25%]]
[Coronary Artery Angioplasty	[25%]]

### [Cancer Conditions Category - [Employee, Spouse and Dependent Children Insurance]

Covered Condition	Benefit Percentages
[Cancer	[100%]]
[Non-Life Threatening Cancer	[25%]]

**[Other Conditions Category - [Employee, Spouse and Dependent Children Insurance]**

<b>Covered Condition</b>	<b>Benefit Percentages</b>
[Benign Brain Tumor	[100%]
[Coma	[100%]
[Major Organ Failure	[100%]
[Paralysis	[100%]
[Severe Burns	[100%]

**[Childhood Conditions Category - [Dependent Children Insurance]**

<b>Covered Condition</b>	<b>Benefit Percentages</b>
[Cerebral Palsy	[100%]
[Congenital Heart Disease	[100%]
[Cystic Fibrosis	[100%]
[Type 1 Diabetes Mellitus	[100%]
[Muscular Dystrophy	[100%]

**Maximum Benefits Payable for each Insured under this Certificate:**

- We will only pay one benefit for each Covered Condition shown above;
- We will not pay more than an aggregate of [100%] of the benefit payable for Covered Conditions in the same Category[; and
- [We will not pay more than an aggregate of [200%] of the benefit payable for all the Covered Conditions in all Categories shown above].

**[Wellness Screening Benefit:** [\$50] per calendar year if any one of the wellness screening tests described in this Certificate is performed for you. [[50] each calendar year if any one of the wellness screening tests described in this Certificate is performed for your insured Spouse]. ]

**Contributions:** [The cost of your insurance is paid for entirely by you.]

## 2. DEFINITIONS

**[Actively at Work]** means that you perform all the regular duties of your job for a full work day at your Employer's normal place of business or a site where your Employer's business requires you to travel.

You are considered Actively at Work on any day that is not your regular scheduled work day (e.g., you are on vacation or holiday) as long as you were Actively at Work on your immediately preceding scheduled work day, and you:

- are not hospital confined; or
- are not disabled due to an injury or sickness.]

**Benefit Percentage** means the percentage that is applied to your Insurance Amount to determine the amount of Critical Illness benefits payable under the Policy.

**[Clinical Diagnosis]** means a Diagnosis of Cancer based on observation and history, diagnostic and laboratory studies, and symptoms.]

**Critical Illness** means only the illnesses or procedures defined in the Covered Conditions section of this Certificate for which benefits are payable.

**[Dependent Child]** means the Employee's:

- [ [unmarried] child from live birth to under age [26] [who is enrolled as a full time student and depends on the Employee for [50%] or more of the child's support.] ]

Dependent Child includes:

- [an Employee's [unmarried] step-child];
- [a foster child placed with the Employee by a licensed agency]; and
- an Employee's adopted child, including any child placed with the Employee for adoption beginning on the date of the filing of the petition applied for coverage within 60 days after the filing of the petition.

[If [an] [unmarried] child is age [26] or older and is:

- [incapable of self-sustaining employment because of a mental retardation, developmental disability or physical handicap]; [and
- [dependent on the Employee for [[50%] or more of his/her] support;]

that child will continue to be a Dependent under the Policy for as long as these conditions exist.]

[No person may be considered to be a Dependent Child of more than one Employee.]

Dependent Child does not include:

- [any person who is insured as an Employee;] or
- any person residing outside the [United States], [Canada], or [Mexico]. [This exclusion does not apply to a Dependent Child who resides with an Employee who is on a temporary work assignment outside the [United States].]

**Diagnosis (Diagnosed)** means a definitive identification of the Critical Illness made during the lifetime of the Insured by a Specialist Physician:

- supported by documentation of all appropriate and defined studies;
- based upon the use of diagnostic evaluations, clinical and/or laboratory investigations, tests and observations; and
- meeting any diagnostic requirements stated in this Certificate for the particular Critical Illness being diagnosed.

**[Divorce]** means the dissolution of any relationship identified in the Marriage definition and the term "divorce decree" means the court-issued document appropriate for the termination of such a relationship.]

**Eligibility Waiting Period** means the length of time you must be a member in an Eligible Class before you can apply for insurance. The Eligibility Waiting Period is shown in the Benefit Highlights. Any period of time [prior to the Policy Effective Date] the Employee was Actively at Work for the Employer as a [full-time] Employee will count towards completion of the Eligibility Waiting Period.

**Employee** means a person who is employed by the Employer within the United States [or Canada], scheduled to work at least the minimum hours shown in the Benefit Highlights, and paid regular earnings [, who has provided the Employer with sufficient and authentic documentation establishing eligibility for employment in the United States as required under the Immigration Reform and Control Act, 8 U.S.C. 1324a(b)(1), and who is not an "unauthorized alien" as defined by 8 U.S.C. 1324a(h)(3)]. [Employee does not include a seasonal or temporary employee whose annual work schedule is less than 12 months during a calendar year.]

[If you are an Employee and you are working on temporary assignment outside of the United States [or Canada] for [12 months] or less, you will be deemed to be working within [the United States [or Canada]. If you are an Employee and you are working on a temporary assignment outside of the United States [or Canada] for more than [12 months], you will not be considered an Employee under the Policy unless we agree in writing.]

**Employer** means the Employer named on the cover page of this Certificate [and includes any subsidiary or affiliated company named in the application].

**Enrollment Period** means the period of time [each year] during which eligible Employees may elect or change insurance under the Policy. [The Enrollment Period cannot occur more than once in any 12-month period unless we agree in writing.]

**Evidence of Insurability** means a statement or records of your [or your Spouse and/or your Dependent's] medical history upon which acceptance for insurance will be determined by us. In some cases, we may require that you [or your Spouse and/or your Dependent] submit to a paramedical or other physical examination, at our expense, as part of the Evidence of Insurability.

**[Family Status Change]** means any of the following events:

- your Marriage or Divorce;
- the birth of your Child;
- the adoption of a Child by you; and
- the death of your Spouse or Child.]

**[Guaranteed Issue Amount]** means the maximum amount of insurance available without Evidence of Insurability. The Guaranteed Issue Amount at time of the Initial Enrollment is shown in the Benefit Highlights.]

**Initial Enrollment** means the first date you are eligible to enroll for Employee Insurance[, Spouse Insurance and Dependent Children Insurance].

**Insurance Amount** means the amount of insurance available under the Policy as shown in the Benefit Highlights and for which a person covered under the Policy is insured.

**Insured** means any person covered under the Policy.

**[Layoff]** means that you are temporarily not Actively at Work for a period of time your Employer agreed to in writing. Your normal vacation time is not considered a temporary Layoff.]

**[Leave of Absence** means that you are temporarily not Actively at Work for a period of time your Employer agreed to in writing. Your normal vacation time is not considered a temporary Leave of Absence.]

**[Marriage** means any of the following relationships recognized under applicable state law: a same-sex or opposite-sex marriage; a civil union partnership under which the partners have the same legal rights and responsibilities as a married couple; [and a same-sex or opposite-sex registered domestic partnership under which the partners have the same legal rights and responsibilities as a married couple.]]

**Physician** means an individual who is operating within the scope of his or her license and is either:

- licensed in the United States or Canada as a medical doctor and authorized to practice medicine and prescribe and administer drugs or to perform surgery; or
- any other duly licensed medical practitioner who is deemed by applicable state or provincial law to have the same authority as a legally qualified medical doctor.

The Physician cannot be you, a business associate or any family member. "Family member" means: (a) your spouse and (b) the following relatives of you or your spouse: (1) parent; (2) grandparent; (3) child; (4) grandchild; (5) brother; (6) sister; (7) aunt; (8) uncle; (9) first cousin; (10) nephew or niece. This includes adopted, in-law and step-relatives.

**Policy** means the group insurance policy under which this Certificate is issued.

**Proof** means any medical, financial, or other information that is required by us and is satisfactory to us.

**Specialist Physician** means a medical doctor who is licensed and practicing in the United States or Canada and who has completed an accredited specialty training program recognized by the American Board of Medical Specialties and has passed the examination leading to Board Certification in the field most applicable to the condition being evaluated or equivalent certification acceptable to us.

**[Spouse** means any individual who under applicable state law is either recognized as a spouse, partner to a civil union[, a partner to a registered domestic partnership] under which the partners have the same legal rights and responsibilities as a married couple, or are otherwise accorded the same rights as a spouse.

Spouse does not include:

- [any person who is insured as an Employee;] or
- any person residing outside the [United States], [Canada], or [Mexico]. [This exclusion does not apply to a Spouse who resides with an Employee who is on a temporary work assignment outside the [United States].]

**Treatment** means a Physician's consultation, care or services; diagnostic measures; or the prescription, refill or taking of prescribed drugs or medicines.

**We, Us, Our (we, us, our)** means Sun Life Assurance Company of Canada.

**You, Your (you, your)** means an Employee who is eligible for insurance under the Policy.

### **3. ELIGIBILITY, EFFECTIVE DATES AND TERMINATION FOR EMPLOYEE INSURANCE**

#### **When are you eligible for Employee Insurance?**

You are initially eligible for Employee Insurance on the later of:

- [September 1, 2013];
- [the date] your Eligibility Waiting Period ends; and
- the date you first are Actively at Work in an Eligible Class.

You are also eligible for Employee Insurance during any Enrollment Period or as a result of a Family Status Change, provided you are Actively at Work and in an Eligible Class.

#### **When must you enroll for Employee Insurance?**

You must enroll within [31 days] of the date you are initially eligible for Employee Insurance or within [31 days] of the date of a Family Status Change [or during any Enrollment Period].

#### **When does Employee Insurance start?**

Employee Insurance starts on the later of:

- the date you are eligible;
- the date we approve your application for Employee Insurance and you agree to make any required contribution toward the cost of insurance; and
- the date we approve any required Evidence of Insurability,

if you are Actively at Work on that date.

If you are not Actively at Work on that date, your insurance will not start until you resume being Actively at Work. [If the date you resume being Actively at Work is more than [90 days] after you applied for insurance and Evidence of Insurability was required, then you must submit new Evidence of Insurability and your insurance will not start until the date we approve your request.]

#### **How can you make changes in Employee Insurance?**

[During any Enrollment Period after] [If] you are covered under the Policy and Actively at Work, you may request a change in your Employee Insurance Amount or benefit options.

You may also request a change in Employee Insurance at any time due to a Family Status Change. Such request must be made within [31 days] of the date the Family Status Change occurred.

[You may only increase or decrease your Employee Insurance Amount by the increment amount shown in the Benefit Highlights.]

Evidence of Insurability may be required for any change in insurance.

#### **When does a change in Employee Insurance start?**

If you are Actively at Work, any increase in Employee Insurance or benefits will start on [the first of the month following] the later of:

- the date you apply for such change in insurance and you agree to make any required contribution toward the cost of insurance; and
- the date we approve any required Evidence of Insurability.

If you are not Actively at Work on that date, any increase in insurance will not start until you resume being Actively at Work. [If the date you resume being Actively at Work is more than [90 days] after you applied for an increase in insurance and Evidence of Insurability was required, then you must submit new

Evidence of Insurability and your increase in insurance will not start until the date we approve your request.]

Any reduction in insurance will start [on the date you apply for such change in insurance], whether or not you are Actively at Work.

**When are you required to provide Evidence of Insurability?**

You must provide Evidence of Insurability each time you do any of the following:

- [initially enroll for Employee Insurance that exceeds the Guaranteed Issue Amount shown in the Benefit Highlights;]
- [apply for any Employee Insurance after your Initial Enrollment]; or
- [apply for an increase in Employee Insurance].

[Evidence of Insurability may be waived by us in writing.]

**When does Employee Insurance end?**

Your insurance will end on the earliest of the following to occur:

- the date the Policy terminates;
- [the date your Employer's participation in the Trust and under the Policy is terminated];
- the date you are no longer in an Eligible Class;
- the date your class is no longer included for insurance;
- the last day for which any required premium has been paid for your insurance;
- the date you request in writing to end your insurance;
- the last day you are Actively at Work[, subject to any Insurance Continuation or Portability provisions]; and
- the date all benefits paid for you under the Policy reach the maximum amount payable as described herein.

#### **[4. ELIGIBILITY, EFFECTIVE DATES AND TERMINATION FOR SPOUSE INSURANCE]**

##### **When are you eligible for Spouse Insurance?**

If you are in an Eligible Class shown in the Benefit Highlights, you are initially eligible for Spouse Insurance on the later of:

- [September 1, 2013];
- the date you are eligible for Employee Insurance; and
- the date you acquire a Spouse.

You are also eligible for Spouse Insurance during any Enrollment Period or as a result of a Family Status Change, provided you are in an Eligible Class and have a Spouse.

##### **When must you enroll for Spouse Insurance?**

You must enroll within [31 days] of the date you are initially eligible for Spouse Insurance or within [31 days] of the date of a Family Status Change [or during any Enrollment Period].

##### **When does Spouse Insurance start?**

Spouse Insurance starts on the later of:

- the dates we approve your applications for Employee and Spouse Insurance and you agree to make any required contribution toward the cost of insurance; and
- the date we approve any required Evidence of Insurability for your Spouse,

if you are Actively at Work on that date.

If you are not Actively at Work on that date, your Spouse Insurance will not start until you resume being Actively at Work. [If the date you resume being Actively at Work is more than [90 days] after you applied for Spouse Insurance and Evidence of Insurability was required, then you must submit new Evidence of Insurability for your Spouse and your Spouse Insurance will not start until the date we approve your request.]

If we do not approve your application for Employee Insurance because of an inability to provide satisfactory Evidence of Insurability, your application for Spouse Insurance may still be approved subject to all other Policy provisions.

##### **How can you make changes in Spouse Insurance?**

[During any Enrollment Period after] [If] your Spouse is covered under the Policy, and you are Actively at Work, you may request a change in your Spouse insurance.

You may also request a change in Spouse Insurance at any time due to a Family Status Change. Such request must be made within [31 days] of the date the Family Status Change occurred.

[You may only increase or decrease your Insurance Amounts by the increment amounts shown in the Benefit Highlights.]

Evidence of Insurability may be required for any change in insurance.

##### **When does a change in Spouse Insurance start?**

If you are Actively at Work, any increase in insurance or benefits will start on [the first of the month following] the later of:

- the date you apply for such change in Spouse Insurance and you agree to make any required contribution toward the cost of insurance; and
- the date we approve any required Evidence of Insurability for your Spouse.

If you are not Actively at Work on that date, any increase in Spouse Insurance or benefits will not start until you resume being Actively at Work. [If the date you resume being Actively at Work is more than [90 days] after you applied for an increase in Spouse Insurance or benefits and Evidence of Insurability was required, then you must submit new Evidence of Insurability for your Spouse and your increase in insurance or benefits will not start until the date we approve your request.]

Any reduction in insurance will start [on the date you apply for such change in insurance], whether or not you are Actively at Work.

**When are you required to provide Evidence of Insurability for your Spouse?**

You must provide Evidence of Insurability for your Spouse each time you do any of the following:

- [initially enroll for Spouse Insurance that exceeds the Guaranteed Issue Amount shown in the Benefit Highlights;]
- [apply for any Spouse Insurance after your Initial Enrollment;] or
- [apply for an increase in Spouse Insurance].

[Evidence of Insurability may be waived by us in writing.]

**When does Spouse Insurance end?**

Spouse insurance will end on the earliest of the following to occur:

- the date the Policy terminates;
- [the date your Employer's participation in the Trust and under the Policy is terminated];
- the date you are no longer in an Eligible Class;
- the date your class is no longer included for insurance;
- the last day for which any required premium has been paid for your insurance or your Spouse insurance;
- the date you request in writing to end your insurance or your Spouse insurance;
- the last day you are Actively at Work[, subject to any Insurance Continuation or Portability provisions];
- the date all benefits paid for your Spouse under the Policy reach the maximum amount payable for your Spouse as described herein; and
- the date your Spouse no longer meets the definition of Spouse as described in this Certificate.]

## **[[5.] ELIGIBILITY, EFFECTIVE DATES AND TERMINATION FOR DEPENDENT CHILDREN INSURANCE**

### **When are you Eligible for Dependent Children Insurance?**

If you are in an Eligible Class shown in the Benefits Highlights, then you are initially eligible for Dependent Children Insurance on the later of:

- [September 1, 2013];
- the date you are eligible for Employee Insurance; and
- the date you acquire your Dependent Children.

You are also eligible for Dependent Children Insurance during any Enrollment Period or as a result of a Family Status Change, provided you are in an Eligible Class and have one or more Dependent Children.

### **When must you enroll for Dependent Children Insurance?**

You must enroll within [31 days] of the date you are initially eligible for Dependent Children Insurance or [31 days] of the date of a Family Status Change [or during any Enrollment Period].

### **When does Dependent Children Insurance start?**

Dependent Children Insurance starts on the later of:

- the dates we approve your applications for Employee and Dependent Children Insurance and you agree to make any required contribution toward the cost of insurance; and
- the date we approve any required Evidence of Insurability for your Dependent Child,

if you are Actively at Work on that date.

If you are not Actively at Work, your Dependent Children Insurance will not start until you resume being Actively at Work. [If the date you resume being Actively at Work is more than [90 days] after you applied for Dependent Children Insurance and Evidence of Insurability was required, then you must submit new Evidence of Insurability for your Dependent Children and Dependent Children Insurance will not start until the date we approve your request.]

If we do not approve your application for Employee Insurance because of an inability to provide satisfactory Evidence of Insurability, your application for Dependent Children Insurance may still be approved subject to all other Policy provisions.

### **[How can you make changes in Dependent Children Insurance?**

[During any Enrollment Period after] [If] your Dependent Children are covered under the Policy, and you are Actively at Work, you may request a change in your Dependent Children Insurance.

You may also request a change in Dependent Children Insurance at any time due to a Family Status Change. Such request must be made within [31 days] of the date the Family Status Change occurred.

[You may only increase or decrease your Insurance Amount by the increment amounts shown in the Benefit Highlights.]

Evidence of Insurability may be required for any change in insurance.

### **When does a change in Dependent Children Insurance start?**

[If you are Actively at Work, any increase in Dependent Children Insurance or benefits will start on [the first of the month following] the later of:

- the date you apply for such change in Dependent Children Insurance and you agree to make any required contribution toward the cost of insurance; and

- the date we approve any required Evidence of Insurability for your Dependent Child or Children.

If you are not Actively at Work on that date, any increase in Dependent Children Insurance or benefits will not start until you resume being Actively at Work. [If the date you resume being Actively at Work is more than [90 days] after you applied for an increase in Dependent Children Insurance or benefits and Evidence of Insurability was required, then you must submit new Evidence of Insurability for your Dependent Child or Children and your increase in Dependent Children Insurance or benefits will not start until the date we approve your request.]

Any reduction in Dependent Children Insurance will start [on the date you apply for such change in insurance], whether or not you are Actively at Work.

### **How can you add a child or children to your Dependent Children Insurance?**

After you and a Dependent Child are covered under the Policy, and you are Actively at Work, any child who becomes one of your Dependent Children will automatically be covered without Evidence of Insurability.

### **When are you required to provide Evidence of Insurability for your Dependent Child?**

You must provide Evidence of Insurability for a Dependent Child each time you do any of the following:

- [initially enroll for Dependent Children Insurance that exceeds the Guaranteed Issue Amount shown in the Benefit Highlights;]
- [apply for any Dependent Children Insurance after your Initial Enrollment]; or
- [apply for an increase in Dependent Children Insurance].

Evidence of Insurability is not required when newborn or newly adopted children are added to your Dependent Children Insurance.

[Evidence of Insurability may be waived by us [in writing].]

### **When does Dependent Children Insurance end?**

Dependent Children Insurance will end on the earliest of the following to occur:

- the date the Policy terminates;
- [the date your Employer's participation in the Trust and under the Policy is terminated];
- the date you are no longer in an Eligible Class;
- the date your class is no longer included for insurance;
- the last day for which any required premium has been paid for your insurance or your Dependent Children Insurance;
- the date you request in writing to end your insurance or your Dependent Children Insurance;
- the last day you are Actively at Work[, subject to any Insurance Continuation or Portability provisions];
- the date all benefits paid for a specific Dependent Child reach the maximum amount payable as described herein; and
- the date your Dependent Child no longer meets the definition of Dependent Child as described in this Certificate.]

## **[6.] BENEFIT PROVISIONS**

### **What benefits are payable?**

We will pay you a lump-sum benefit for the insurance in force each time any eligible Insured, on or after the effective date of insurance:

- is Diagnosed with a Critical Illness condition; or
- undergoes a Critical Illness procedure,

as defined in the Covered Conditions section of this Certificate.

Any benefits payable are subject to the limitations, exclusions and other conditions stated in the Policy.

### **How is the amount of the benefit determined?**

We will multiply the Insured's Insurance Amount by the Benefit Percentage for the applicable Covered Condition as shown in the Benefit Highlights to determine the benefit to be paid.

## [7.] COVERED CONDITIONS

### **What Critical Illness conditions are covered?**

The Critical Illness conditions and procedures listed below are covered under the Policy.

### **CIRCULATORY CONDITIONS CATEGORY**

**[Heart Attack** means a confirmed Diagnosis of the death of heart muscle due to acute obstruction of a coronary artery that results in a rise and fall of biochemical cardiac markers to levels considered diagnostic of myocardial infarction and includes at least one of the following:

- heart attack symptoms;
- new electrocardiogram (ECG) changes consistent with a Heart Attack; or
- development of new Q waves during or immediately following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty.

The Diagnosis of Heart Attack must be made by a Specialist Physician.

#### ***Exclusions:***

Heart Attack does not include:

- elevated biochemical cardiac markers as a result of an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty, in the absence of new Q waves; or
- silent myocardial infarction, including ECG or imaging changes suggesting a prior myocardial infarction, which do not meet the Heart Attack definition as described above.]

**[Stroke (cerebrovascular accident)** means a confirmed Diagnosis of an acute cerebrovascular event caused by intra-cranial thrombosis or hemorrhage, or cerebral embolism from an extra-cranial source, with:

- acute onset of new neurological symptoms; and
- new objective neurological deficits on clinical examination which persist for [30 days] following the date of Diagnosis.

These new symptoms and deficits must be corroborated by diagnostic imaging testing.

The Diagnosis of Stroke must be made by a Specialist Physician.

#### ***Exclusions:***

Stroke does not include any of the following:

- transient ischemic attacks;
- intracerebral vascular events due to trauma; or
- lacunar infarcts which do not meet the definition of stroke as described above.]

**[Heart Transplant** means a confirmed Diagnosis of the irreversible failure of the heart and that transplant is medically necessary as soon as an appropriate donor is located. Heart Transplant under the Policy includes a procedure to replace the heart together with a lung, commonly referred to as a heart/lung transplant. To qualify under Heart Transplant, the Insured must be listed with the United Network of Organ Sharing (UNOS) on a Heart Transplant waiting list or have undergone a Heart Transplant as the recipient while insured under the Policy. The Diagnosis of the heart failure requiring Heart Transplant must be made by a Specialist Physician.]

**[Coronary Artery Bypass Surgery** means the undergoing of heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass graft(s), excluding any non-surgical or trans-

catheter techniques such as balloon angioplasty or laser relief of an obstruction. The surgery must be determined to be medically necessary by a Specialist Physician.]

**[Aortic Surgery** means the undergoing of surgery for disease of the aorta requiring excision and surgical replacement of the diseased aorta with a graft. Aorta refers to the thoracic and abdominal aorta but not its branches. The surgery must be determined to be medically necessary by a Specialist Physician.]

**[Coronary Artery Angioplasty** means the undergoing of balloon angioplasty, laser angioplasty, or atherectomy or the placement of a stent to correct narrowing or blockage of one or more coronary arteries. The Coronary Artery Angioplasty must be determined to be medically necessary by a Specialist Physician.]]

### **[CANCER CONDITIONS CATEGORY**

**Cancer** means a confirmed Diagnosis of a tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. The Diagnosis of Cancer must be made by a Specialist Physician.

A Clinical Diagnosis will be accepted only if:

- a pathological Diagnosis cannot be made because it is medically inappropriate or life threatening;
- there is medical evidence to support the Diagnosis; and
- a Physician is treating you for Cancer.

In all other cases, Cancer must be Diagnosed with histopathological confirmation.

#### ***Exclusions:***

Cancer does not include:

- carcinoma in situ;
- evidence of cancer cells or cancer genetic material detected by molecular or biochemical probes only (including, but not limited to, proteomic or DNA/RNA-based techniques) with no lesion amenable to tissue diagnosis; or
- any non-melanoma skin cancer that has not become metastasized.

No benefit will be payable under this provision for the Non-Life Threatening Cancers listed in the Non-Life Threatening Cancer provision below.

[No benefit will be payable for a recurrence or metastasis of an original Cancer which was Diagnosed prior to the effective date of insurance.]

#### ***[Cancer Benefit Waiting Period:***

No benefit will be payable for Cancer and the Insured's insurance for Cancer and Non-Life Threatening Cancer will terminate if, within [30 days] following the later of:

- the date we receive enrolment information for the Insured's insurance; and
- the effective date of the Insured's insurance,

the Insured has any of the following:

- a. signs, symptoms or investigations, that lead to Diagnosis of any cancer (covered or excluded under this insurance), regardless of when the Diagnosis is made, or
- b. a Diagnosis of any cancer (covered or excluded under this insurance).

Although the Insured's insurance for Cancer and Non-Life Threatening Cancer terminates, insurance for all other Covered Conditions remains in force.

This information described above must be reported to us within [6 months] of the date of Diagnosis. If this information is not provided, we have the right to deny any claim for Cancer or Non-Life Threatening Cancer or any Critical Illness caused by any cancer or its Treatment.

If an Insured's Critical Illness insurance ends and the Insured is covered again under this benefit, we will use the latest date the Insured's insurance began when applying the Cancer Benefit Waiting Period.]

**Non-Life Threatening Cancer** is limited to the following:

- chronic lymphocytic leukemia that has not progressed beyond Rai stage 0;
- Stage 1A (T1a) malignant melanoma (melanoma less than or equal to 1.0 mm in thickness, not ulcerated and without Clark level IV or level V invasion);
- Stage A (T1a or T1b) prostate cancer;
- papillary microcarcinoma of the thyroid, which for the purposes of the Policy means a papillary carcinoma of the thyroid (1 cm or less in diameter) and confined to the thyroid;
- noninvasive papillary cancer of the bladder histologically described as TNM classification TaN0M0; and
- ductal carcinoma in situ (DCIS) of the breast.

Non-Life Threatening Cancer must be Diagnosed by a Specialist Physician with histopathological confirmation.

***Exclusions:***

Non-Life Threatening Cancer does not include any of the following:

- pre-malignant lesions;
- any carcinoma in situ except ductal carcinoma in-situ of the breast;
- evidence of cancer cells or cancer genetic material detected by molecular or biochemical probes only (including but not limited to proteomic or DNA/RNA-based techniques) with no lesion amenable to tissue diagnosis.

[No benefit will be payable for a recurrence or metastasis of an original Non-Life Threatening Cancer which was Diagnosed prior to the effective date of insurance.]

***[Non-Life Threatening Cancer Benefit Waiting Period:***

No benefit will be payable for Cancer and Non-Life Threatening Cancer and the Insured's insurance for Cancer and Non-Life Threatening Cancer will terminate if, within [30 days] following the later of:

- the date we receive enrolment information for the Insured's insurance; and
- the effective date of the Insured's insurance,

the Insured has any of the following:

- a. signs, symptoms or investigations, that lead to Diagnosis of any cancer (covered or excluded under this insurance), regardless of when the Diagnosis is made; or
- b. a Diagnosis of any cancer (covered or excluded under this insurance).

Although the Insured's insurance for Cancer or Non-Life Threatening Cancer terminates, insurance for all other Covered Conditions remains in force.

This information described above must be reported to us within [6 months] of the date of Diagnosis. If this information is not provided, we have the right to deny any claim for Cancer or Non-Life Threatening Cancer or any Critical Illness caused by any cancer or its Treatment.

If an Insured's Critical Illness insurance ends and the Insured is covered again under this benefit, we will use the latest date the Insured's insurance began when applying the Non-Life Threatening Cancer Benefit Waiting Period.]]

## **[OTHER CONDITIONS CATEGORY]**

**[Benign Brain Tumor]** means a confirmed Diagnosis of a non-malignant tumor located in the cranial vault and limited to the brain, meninges, cranial nerves or pituitary gland. The tumor must require surgical or radiation treatment or cause irreversible objective neurological deficit(s). The diagnosis of benign brain tumor must be made by a Specialist Physician.

### ***Exclusions:***

Benign Brain Tumor does not include pituitary adenomas less than 10 mm. in diameter.

[No benefit will be payable for a recurrence or metastasis of an original tumor which was diagnosed prior to the effective date of insurance.]

### ***[Benign Brain Tumor Benefit Waiting Period:]***

No benefit will be payable for Benign Brain Tumor and the Insured's insurance for Benign Brain Tumor will terminate if, within [30 days] following the later of:

- the date we receive enrollment information for the person's insurance; and
- the effective date of the person's insurance,

the Insured has any of the following:

- a. signs, symptoms or investigations, that lead to Diagnosis of Benign Brain Tumor (covered or excluded under this insurance), regardless of when the Diagnosis is made, or
- b. a Diagnosis of Benign Brain Tumor (covered or excluded under this insurance).

Although the Insured's insurance for Benign Brain Tumor terminates, insurance for all other Covered Conditions remains in force.

This information described above must be reported to us within [6 months] of the date of Diagnosis. If this information is not provided, we have the right to deny any claim for Benign Brain Tumor or any Critical Illness caused by Benign Brain Tumor or its Treatment.

If an Insured's Critical Illness insurance ends and the Insured is covered again under this benefit, we will use the latest date the Insured's insurance began when applying the Benign Brain Tumor Benefit Waiting Period.]]

**[Coma]** means a confirmed Diagnosis of a state of unconsciousness with no reaction to external stimuli or response to internal needs for a continuous period of at least 96 hours, and for which period the Glasgow coma score must be 4 or less. The Diagnosis of coma must be made by a Specialist Physician.

### ***Exclusions:***

Coma does not include any of the following:

- a medically induced coma; or
- a coma which results directly from alcohol or drug use.]

**[Major Organ Failure** means a confirmed Diagnosis by a Specialist Physician of the irreversible end-stage failure of bone marrow, kidney, liver or lung function, and:

- for kidney failure only, dialysis (either hemo or peritoneal) is initiated; or
- for all organs listed above, a transplant is recommended as soon as an appropriate donor is located, and the Insured
  - is either listed with the United Network of Organ Sharing (UNOS); or
  - a suitable donor is found without a UNOS listing.

Proof of Major Organ Failure requires:

- submission of medical records documenting major organ failure from a Specialist Physician; and
- except for kidney failure on dialysis, documentation of either:
  - a listing with the United Network of Organ Sharing (UNOS); or
  - that a suitable donor has been found without a UNOS listing.

Major Organ Failure will be deemed to have occurred:

- for kidney failure only, the date either dialysis is initiated, or
- for all organs listed above, the date that the Insured
  - is either listed with the United Network of Organ Sharing (UNOS); or
  - a suitable donor is found without a UNOS listing.

***Exclusions:***

Major Organ Failure does not include any of the following:

- bone marrow failure that results from the treatment process for cancer;
- failure of any other organ not listed above; and
- autologous bone marrow transplant in which the Insured's own bone marrow is used.]

**[Paralysis** for the purposes of the Policy means total and irrecoverable loss of function of two or more limbs as a result of injury to or disease of the spinal cord. The loss must be present for a continuous period of at least [90 days] and be expected to be permanent. Limb is defined as the complete arm or the complete leg. The Diagnosis of paralysis must be made by a Specialist Physician.]

**[Severe Burns** means a confirmed Diagnosis of third-degree burns over at least 20% of the body surface. Severe Burns must occur while the Insured's insurance is in force to be eligible for a benefit. The Diagnosis of Severe Burns must be made by a Specialist Physician.]]

**[CHILDHOOD CONDITIONS CATEGORY**

The following covered childhood conditions apply only to children who meet the definition of Dependent Children and are insured under this Certificate:

**[Cerebral Palsy** means a confirmed Diagnosis of nonprogressive, neurological defect affecting muscle control. Diagnosis for Cerebral Palsy must be made by a Specialist Physician.]

**[Congenital Heart Disease** means a confirmed Diagnosis of at least one of the following covered heart conditions:

- coarctation of the aorta;
- Ebstein's anomaly;
- Eisenmenger syndrome;
- Tetralogy of Fallot;
- transposition of the great vessels; or
- any other congenital cardiac condition that requires life-saving surgery to survive.

It also means any one of the following specific conditions for which open heart surgery is performed to correct:

- aortic stenosis;
- atrial septal defect;
- discrete subvalvular aortic stenosis;
- pulmonary stenosis; or
- ventricular septal defect.

***Exclusions:***

Congenital Heart Disease does not include any of the following procedures:

- percutaneous atrial septal defect closure; or
- trans-catheter procedures which include balloon valvuloplasty.

The Diagnosis of Congenital Heart Disease must be made and the surgery must be recommended and performed by a Specialist Physician and supported by cardiac imaging acceptable to us.]

**[Cystic Fibrosis**, also known as mucoviscidosis, means the confirmed Diagnosis of a recessive genetic disease affecting most critically the lungs and also the pancreas, liver, and intestine. It is characterized by abnormal transport of chloride and sodium across the epithelium leading to thick viscous secretions. The Diagnosis of cystic fibrosis must be made by a Specialist Physician.]

**[Type 1 Diabetes Mellitus** means a confirmed Diagnosis where the Insured has total insulin deficiency and continuous dependence on exogenous insulin for survival. Dependence on insulin must persist for a continuous period of at least three months. The Diagnosis of type 1 diabetes mellitus must be made by a Specialist Physician. ]

**[Muscular Dystrophy** means a confirmed Diagnosis of one of a group of muscle diseases characterized by progressive skeletal muscle weakness, defects in muscle proteins, and the death of muscle cells and tissue. The confirmed Diagnosis of Muscular Dystrophy must be made by a Specialist Physician.]

***[Childhood Conditions Benefit Waiting Period:***

No benefit will be payable for any Childhood Condition and the Insured's insurance for such Childhood Condition will terminate if, within [30 days] following the effective date of the Dependent Child's insurance, the Dependent Child has any of the following:

- a. signs, symptoms or investigations, that lead to Diagnosis of such Childhood Condition (covered or excluded under this insurance), regardless of when the Diagnosis is made, or
- b. a Diagnosis of such Childhood Condition (covered or excluded under this insurance).

Although the Insured's insurance for such Childhood Condition terminates, insurance for all other Covered Conditions remains in force.

This information described above must be reported to us within [6 months] of the date of Diagnosis. If this information is not provided, we have the right to deny any claim for a Childhood Condition or any Critical Illness caused by a Childhood Condition or its Treatment.

The Childhood Conditions Benefit Waiting Period does not apply when newborn or newly adopted children are added to your Dependent Children Insurance.

If an Insured's Critical Illness insurance ends and the Insured is covered again under this benefit, we will use the latest date the Insured's insurance began when applying the Childhood Conditions Benefit Waiting Period.]]

## **[8.] LIMITATIONS AND EXCLUSIONS**

### **What exclusions apply to the benefits payable?**

In addition to the exclusions stated in the Covered Conditions section of this Certificate, we will not pay any benefit that is caused by, contributed to in any way, or resulting from any of the following:

- any Critical Illness condition Diagnosed outside the United States or Canada without confirmation of the Diagnosis by the type of Specialist Physician specified for each of the Covered Conditions in Section 7 who practices in the United States or Canada; or
- any Critical Illness procedure performed outside the United States or Canada.

We will not pay a benefit for any Critical Illness that is due to or results from:

- intentionally self-inflicted injuries;
- elective plastic or cosmetic surgery;
- active military duty;
- participation in war, declared or undeclared, or any act of war;
- [active participation in a riot, rebellion or insurrection;]
- [committing or attempting to commit an assault, felony or other criminal act;]
- [your engagement in dangerous conduct or hazardous activity where there is a likelihood of death or serious injury;]
- [being legally intoxicated or under the influence of any narcotic unless taken on the advice of a Physician and taken as prescribed; or]
- [improper or illegal use of inhalants or huffing].

### **What limitations apply to the benefits payable?**

In addition to the limitations stated in the Covered Conditions section of this Certificate, we will not pay any benefit for any Critical Illness that is Diagnosed in the first [12 months] following the effective date of any Insured's insurance and results from a Pre-Existing Condition.

**Pre-Existing Condition** means during the [6 months] prior to any Insured's effective date of insurance [or the effective date of an increase in any Insured's amount of insurance], any condition for which any Insured:

- sought medical treatment, consultation, advice, care or services, including diagnostic measures for the condition, regardless of whether the condition was diagnosed or suspected at that time;
- took prescribed drugs or medicines for the condition [; or
- [had symptoms for which an ordinarily prudent person would have consulted a health care provider for Diagnosis, care or Treatment].

### **What are the maximum benefits payable under this Certificate?**

[We will only pay one benefit for each Covered Condition shown in the Benefit Highlights.] We will not pay more than an aggregate of [100%] of the benefits payable for all Covered Conditions in the same Category as shown in the Benefit Highlights. [We will not pay more than an aggregate of [200%] of the benefits payable for all the Covered Conditions in all Categories shown in the Benefit Highlights.]

### **[What happens if you are rehired by your Employer?**

If you are rehired by your Employer [within [6 months] from the day your employment ends [due to layoff],] your insurance will resume and will be identical to the insurance in effect just prior to your termination of employment [including any partially satisfied Eligibility Waiting Period and Pre-Existing Condition limitation], subject to all terms and conditions of the Policy.] ]

## **[[9.] WELLNESS SCREENING BENEFIT**

### **What is the wellness screening benefit?**

While your insurance under the Policy is in force, we will pay you a wellness screening benefit each calendar year during which you [or your insured Spouse has] any one of the following wellness screening tests performed:

- [Breast Cancer Screening (clinical breast exam, mammography, MRI, thermography, ultrasound)
- Colorectal Cancer Screening (fecal occult blood test, colonoscopy, sigmoidoscopy)
- Lipid panel (cholesterol, triglycerides, HDL, LDL)
- Pap smear
- Prostate Cancer Screening (digital rectal exam, PSA blood test)
- Skin Cancer Screening
- Diabetes tests (fasting blood glucose test, hemoglobin A1c)
- Electrocardiogram (ECG)-resting or stress]

### **What is the amount of the wellness screening benefit?**

We will pay you [\$50] each calendar year if any one of the wellness screening tests described in this Certificate is performed for you. [We will pay you [\$50] each calendar year if any one of the wellness screening tests described in this Certificate is performed for your insured Spouse].

### **What conditions apply to the wellness screening benefit?**

To receive this benefit, you must provide us with Proof that the wellness screening test was performed by a Physician, a Specialist Physician or a duly licensed medical practitioner who is deemed by state or provincial law to be qualified to conduct such test. You must send us such Proof no later than [15 months] after the date of the wellness screening test was performed.]

## **[10.] CLAIMS**

### **How is a claim submitted?**

To submit a claim, you or someone on your behalf must send us written Notice and Proof of claim within the time limits specified. Your Employer has the Notice and Proof of claim forms.

### **NOTICE OF CLAIM**

#### **When does written Notice of Claim have to be submitted?**

Written notice of claim must be given to us no later than [60 days] after the date of Diagnosis or within [90 days] of the Treatment of the Critical Illness.]

If notice cannot be given within the applicable time period, we must be notified as soon as it is reasonably possible.

When we receive written notice of claim, we will send the forms for Proof of claim. If the forms are not received within [15 days] after written notice of claim is sent, Proof of claim may be sent to us without waiting to receive the Proof of claim forms.

### **PROOF OF CLAIM**

#### **When does written Proof of claim have to be submitted?**

Proof of claim must be given to us no later than [120 days] after the date of Diagnosis or Treatment of the Critical Illness.

If Proof cannot be given within these time limits, Proof must be given as soon as reasonably possible. Proof of claim may not be given later than one year after the time Proof is otherwise required unless the individual is legally incompetent.

#### **What is considered Proof of claim?**

Proof of claim must consist of at least the following information:

- a description of Critical Illness;
- the date the Diagnosis and/or Treatment occurred; and
- the cause of the Critical Illness.

Proof of claim may include, but is not limited to, police accident reports, laboratory results, toxicology results, Hospital records, x-rays, narrative reports, or other diagnostic testing materials, as required.

We may require as part of the Proof, authorizations to obtain medical and non-medical information. Proof must be satisfactory to us.

### **PAYMENT OF BENEFITS**

#### **When are benefits payable?**

Benefits are payable upon our receipt of satisfactory Proof of claim that establishes benefit eligibility according to the provisions of the Policy.

#### **When will a decision on your claim be made?**

We will send you a written notice of our decision on your claim within a reasonable time after we receive the claim but not later than [45 days] after receipt of the claim. If we cannot make a decision within [45 days] after receiving your claim, we will request a [30 day] extension as permitted by U.S. Department of

Labor regulations. If we cannot render a decision within the extension period, we will request an additional [30 day] extension. Any request for extension will specifically explain:

- the standards on which entitlement to benefits is based;
- the unresolved issues that prevent a decision on the claim; and
- the additional information needed to resolve those issues.

If a period of time is extended because you failed to provide necessary information, the period for making the benefit determination is tolled from the date we send notice of the extension to you until the date on which you respond to the request for additional information. You will have [45 days] to provide the specified information.

#### **What if your claim is denied?**

If we deny all or any part of your claim, you will receive a written notice of denial setting forth:

- the specific reason(s) for the denial;
- the specific Policy provision(s) on which the denial is based;
- your right to receive, upon request and free of charge, copies of all documents, records, and other information relevant to your claim for benefits;
- a description of any additional material or information needed to prove entitlement to benefits and an explanation of why such material or information is necessary;
- a description of the appeal procedures and time limits;
- [your right to bring a civil action under ERISA, §502(a) following an adverse determination on review.];
- the identity of an internal rule, guideline, protocol or other similar criterion, if any, that was relied upon to deny the claim and a copy of the rule, guideline, protocol or criterion or a statement that a copy is available free of charge upon request; and
- the identity of any medical or vocational experts whose advice was obtained in connection with the claim, regardless of whether the advice was relied upon to deny the claim.

#### **Can you request a review of a claim denial?**

If all or part of your claim is denied, you may request in writing a review of the denial within [180 days] after receiving notice of denial.

You may submit written comments, documents, records or other information relating to your claim for benefits, and may request free of charge copies of all documents, records, and other information relevant to your claim for benefits.

We will review the claim on receipt of the written request for review, and will notify you of our decision within a reasonable time but not later than [45 days] after the request has been received. If an extension of time is required to process the claim, we will notify you in writing of the special circumstances requiring the extension and the date by which we expect to make a determination on review. The extension cannot exceed a period of [45 days] from the end of the initial period.

If a period of time is extended because you failed to provide information necessary to decide your claim, the period for making the decision on review is tolled from the date we send notice of the extension to you until the date on which you respond to the request for additional information. You will have at least [45 days] to provide the specified information.

#### **What if your claim is denied on review?**

If we deny all or any part of your claim on review, you will receive a written notice of denial setting forth:

- the specific reasons for the denial;
- the specific Policy provisions on which the denial is based;
- your right to receive, upon request and free of charge, copies of all documents, records, and other information relevant to your claim for benefits;
- [your right to bring a civil action under ERISA, §502(a);]

- the identity of an internal rule, guideline, protocol or other similar criterion, if any, that was relied upon to deny the claim and a copy of the rule, guideline, protocol or criterion or a statement that a copy is available free of charge upon request;
- the following statement: "You and your plan may have other voluntary alternative dispute resolution options, such as mediation. One way to find out what may be available is to contact your local U.S. Department of Labor Office and your State Insurance regulatory agency."; and
- the identity of any medical or vocational experts whose advice was obtained in connection with the appeal, regardless of whether the advice was relied upon to deny the appeal.

**To whom are benefits payable?**

We will pay you all benefits, if your Proof of claim is satisfactory to us, except in the following situations:

1. You are a minor. In such case, claim may be made by your duly appointed guardian, conservator or committee and we will pay to such person or persons;
2. Due to physical or mental incapacity, you cannot, in our judgment, give us a valid receipt for payments. In such case, claim may be made as described in item 1; or
3. You die before we pay you. In such case, claim may be made by your executor or the administrator of your estate and we will pay to such person or persons.

If we do not pay you and claim is not made by the appropriate person designated above, we may, at our option, make payments under either or both Methods A or B below. Any decision to pay any benefits, prior to the appointment of the appropriate person designated in items [1, 2, or 3 above], is solely at our discretion, and we may choose to pay no amounts under any circumstances until such appropriate person is formally appointed.

Method A: We may pay up to the sum of [\$5,000] to any individual or entity we determine has incurred or paid expenses as a result of funeral services provided to or on your behalf. If we pay such a benefit, we will not have to pay that benefit amount again and the total benefit due under the Policy shall be reduced by the amount paid under this provision.

Method B: We may pay the whole or any part of such benefit:

- to your lawful spouse, up to a cumulative amount of [\$5,000]; or
- if you have no lawful spouse, up to a cumulative amount of [\$5,000] to any one or more of the following relatives in the following order of priority:
  1. your child or children; or
  2. your mother or father.

## **[[11.] INSURANCE CONTINUATION**

### **Are there any conditions under which your insurance can continue?**

[While the Policy is in force and subject to the conditions stated in the Policy, your Employer may continue your insurance by paying the required premium to us for any of the following reasons and durations:

- [Layoff – for up to [3 months];
- [Leave of Absence – for up to [6 months];
- [Absence due to injury or sickness – for up to [6 months];

You should contact your Employer for more details.]

[While the Policy is in force, you may be eligible to continue your insurance pursuant to the Family and Medical Leave Act of 1993, as amended [or continue coverage pursuant to a state required continuation period (if any)]. You should contact your Employer for more details.]

[While the Policy is in force, you may be eligible to continue your insurance coverage pursuant to the Uniformed Services Employment and Reemployment Rights Act (USERRA). You should contact your Employer for more details.]]

## **[[12.] PORTABILITY**

### **What is portability and when are you eligible?**

Portability is an optional benefit that you may elect to continue your insurance for up to [60 months] if all of the following requirements are met:

- [you have been Insured under the Policy for at least [36 consecutive months];]
- your insurance ends because you terminate employment for reasons other than [leave of absence, labor strike, retirement, sickness or injury];
- the Policy is still in force;
- you reside in the United States [or Canada];
- [you have not exercised your portability right under a similar certificate issued by us;] and
- you are under age [70] at the time employment terminates.

Your new portability insurance will be provided under an insurance policy we make available for this purpose. Your new portability insurance may not be identical to your current insurance under the Policy.

### **When must you apply for portability insurance?**

You must complete an application for portable insurance and send it to us with payment of the first premium within [31 days] of the date your insurance under the Policy terminates. The application for portable insurance [and applicable rates] are available from your Employer.

### **What is the amount of portable insurance?**

You may apply for portable insurance in an amount up to [100%] of each Insured's remaining amount of insurance in force under the Policy on the date your insurance terminates. Your new portability insurance policy will not provide any benefits beyond those described in the section of this Certificate titled Benefit Provisions.

### **When does your portable insurance start?**

After your insurance under the Policy terminates, your portable insurance will start on later of the following:

- the date we approve your application for portable insurance; and
- the date we receive your first premium payment for portable insurance. ]

### **[When is portability available to your Spouse and when is your Spouse eligible?**

Portability is available for your Spouse for up to [60 months] if all of the following requirements are met:

- you [die] [or Divorce your Spouse];
- [you have been Insured under the Policy for at least [36 consecutive months];]
- the Policy is still in force;
- your Spouse resides in the United States [or Canada]; and
- your Spouse is under age [70] at the time your [death] [or Divorce].

Your Spouse's new portability insurance will be provided under an insurance policy we make available for this purpose. Their new portability insurance may not be identical to your current insurance under the Policy.

### **When must your Spouse apply for portability insurance?**

Your Spouse must complete an application for portable insurance and send it to us with payment of the first premium within [31 days] of the date of your [death] [or Divorce]. The application for portable insurance [and applicable rates] are available from your Employer.

### **What is the amount of your Spouse's portable insurance?**

Your Spouse may apply for portable insurance in an amount up to [100%] of the remaining amount of [Spouse Insurance] [and Dependent Children Insurance] in force under the Policy on the date of your

[death] [or Divorce]. Your Spouse's new portability insurance policy will not provide any benefits beyond those described in the section of this Certificate titled Benefit Provisions.

[Your Spouse may not apply for portable insurance for a Dependent Child whose insurance has not terminated under the Policy due to Divorce.]

**When does your Spouse's portable insurance start?**

After your [Death] [or Divorce], your Spouse's portable insurance will start on the later of the following:

- the date we approve your Spouse's application for portable insurance; and
- the date we receive your Spouse's first premium payment for portable insurance.]

## **[[13.] CONTINUITY OF COVERAGE**

### **What happens if your Employer replaces other insurance with this Certificate and the Policy?**

If your Employer replaces insurance provided by another insurance company ("Previous Plan") with the insurance provided by this Certificate and the Policy ("This Plan"), Continuity of Coverage benefits as stated in this Section may be available to you. These benefits will be available as long as the insurance and level of benefits under the Previous Plan were substantially similar to the insurance provided by this Plan.

### **What if you are not Actively at Work when your Employer replaces your Previous Plan with This Plan?**

You will be covered under This Plan if you are not Actively at Work on the [September 1, 2013] if:

- you were insured under the Previous Plan on the day before [the Policy Effective Date];
- you are a member of an Eligible Class;
- premiums for you are paid up to date; and
- you are not receiving or eligible to receive benefits under the Previous Plan.]

If you are Diagnosed with a Critical Illness condition or undergo a Critical Illness procedure as defined in the Covered Conditions section of This Plan, and were never Actively at Work while covered under This Plan, any benefit payable will be the lesser of:

- the benefit payable under This Plan; or
- the benefit payable under the Previous Plan.

### **[Does the Eligibility Waiting Period apply when your Employer replaces your Previous Plan with This Plan?**

We will apply any period of time satisfied under the Previous Plan to meet the requirements of the Eligibility Waiting Period toward the satisfaction of the period of time required by This Plan's Eligibility Waiting Period.]

### **[Does the Pre-Existing Condition limitation apply when your Employer replaces your Previous Plan with This Plan?**

We will apply any period of time satisfied under the Previous Plan to meet the requirements of the Pre-Existing Condition limitation toward the satisfaction of the period of time required by This Plan's Pre-Existing Condition limitation.]

## **[14.] GENERAL PROVISIONS**

### **ALTERATION**

#### **Who can alter this Certificate?**

The only persons with the authority to alter or modify this Certificate or to waive any of its provisions are our president, actuary, secretary or one of our vice presidents and any such changes must be in writing.

### **[ASSIGNMENT**

#### **Can benefits be assigned?**

You cannot assign any interest in the Policy unless we agree in writing to such an assignment. We have the right to determine the extent to which any assignment will be honored and the priority of such assignment. We do not assume any responsibility for the validity or sufficiency of any assignment. Any payments made under such assignment after consented to by us will discharge our liabilities under the Policy, to the extent of such payments.]

### **CLERICAL ERROR**

#### **What happens when there is a clerical error in the administration of the Policy?**

Clerical errors in connection with the Policy or delays in keeping records for the Policy whether by us [, the Policyholder,] or the [Employer]:

- will not terminate insurance that would otherwise have been effective.
- will not continue insurance that would otherwise have ceased or should not have been in effect.

If appropriate, a fair adjustment of premium will be made to correct the error, subject to the "Limit of Premium Refunds" section.

This provision does not apply to benefit administration errors by the Policyholder or the Employer which results in an employee:

- not enrolling for insurance within required time limits;
- failing to request increased amounts of insurance within required time limits;
- failing to provide any required Evidence of Insurability; or
- [failing to exercise any available continuation or portability options].

### **CONFORMITY WITH STATUTES**

#### **What is the effect of Conformity with Statutes?**

If any provision of the Policy conflicts with any applicable law, the provisions of Policy will be automatically amended to meet the minimum requirements of the law and to reflect updated statutory references.

### **DISCHARGE OF OUR RESPONSIBILITY**

#### **What is the effect of payments under the Policy?**

Payment made under the terms of the Policy will, to the extent of such payment, release us from all further obligations under the Policy. We will not be obligated to see to the application of such payment.

## **EXAMINATION**

### **What are our examination rights?**

We, at our own expense, have the right to have any person whose Critical Illness is the basis of a claim:

- examined by a Physician, Specialist Physician, other health professional or vocational expert of our choice; and/or
- interviewed by an authorized representative.

This right may be used as often as reasonably required.

## **INCONTESTABILITY**

### **What is the Incontestability Provision?**

Except for non-payment of premium, fraud or any claims incurred within two years of the effective date of an Insured's insurance but submitted more than two years after the effective date of an Insured's insurance, we can not contest the validity of any statement made by any Insured relating to Evidence of Insurability for an initial, increased, [reinstated] or additional amount of insurance after such initial, increased, [reinstated] or additional amount of insurance has been in force for a period of two years during that individual's lifetime. The statement must be contained in a form signed by that individual.

This provision shall not preclude the assertion at any time of a defense to a claim based upon the Insured's eligibility for insurance.

## **INSURER'S AUTHORITY**

### **What is our authority?**

We have discretionary authority to make all final determinations regarding claims for benefits. This discretionary authority includes, but is not limited to, the determination of eligibility for benefits, based upon enrollment information provided by the Policyholder, and the amount of any benefits due, and to construe the terms of the Policy.

Any decision made by us in the exercise of this authority, including review of denials of benefit, is conclusive and binding on all parties. Any court reviewing our determinations shall uphold such determination unless the claimant proves that our determinations are arbitrary and capricious.

## **MISSTATEMENT OF FACTS**

### **What happens if there is a misstatement of facts in the administration of the Policy?**

If relevant facts about the [Employer] or [Employee] relating to this insurance are not accurate:

- a fair adjustment of premium will be made, subject to the "Limit of Premium Refunds" section; and
- the true facts will decide whether, and in what amount, and for what duration insurance is valid under the Policy.

## **NON-PARTICIPATING**

### **Does the Policy participate in dividends?**

The Policy is non-participating and will not share in any profits or surplus earnings of Sun Life Assurance Company of Canada, and, therefore, no dividends are payable.

## **LEGAL PROCEEDINGS**

### **What are the time limits for legal proceedings?**

No legal action may start:

- until [60 days] after Proof has been given; nor
- more than [3 years] after the time Proof of Claim is required.

## **LIMIT OF PREMIUM REFUNDS**

### **Is there a limit on premium refunds?**

Whether premiums were paid in error or otherwise, we will refund only that part of the excess premium that was paid during the [12-month] period that preceded the date we learned of such overpayment.

## **NOTICE**

### **How are required notices provided?**

Any obligation we may have to give written notice will be satisfied by sending such notice to the last known address of the person or institution entitled to such notice.

## **PREMIUM PAYMENTS AS EVIDENCE OF INSURANCE**

### **Does the payment of premiums guarantee coverage under the Policy?**

The receipt of premiums by us is not a guarantee of insurance. Eligibility for benefits will be determined at the time of claim submission and all Policy requirements must be satisfied.

## **REIMBURSEMENT**

### **What if a benefit is underpaid or overpaid?**

Reimbursement will be made to us for any overpayments that we may make due to any reason. You must repay us within 60 days unless we agree to a longer time period. Deductions may be made from future benefit payments to recover any such overpayments.

If we have underpaid a benefit for any reason, we will make a lump sum payment for that amount.

Interest does not accrue on any underpaid or overpaid benefit unless required under the applicable law.

## **[REINSTATEMENT**

### **What are your rights for reinstatement of insurance?**

If your insurance ends for any reason other than you have received the maximum benefits payable under the Policy or you have voluntarily terminated your insurance, then you may apply to reinstate your insurance with [12 months] from when your insurance ended. To reinstate your insurance, you must apply within [31 days] after you return to being Actively at Work in an Eligible Class. Reinstatement will be effective on the latest date when all of the following have occurred:

- we approve your application for reinstatement;
- we approve any required Evidence of Insurability;
- you agree to make any required contribution toward the cost of your insurance; and
- you return to being Actively at Work.

New benefit waiting periods will apply upon reinstatement.]

## **STATEMENTS**

### **Are statements warranties?**

In the absence of fraud, all statements made in any application are considered representations and not warranties. No representation by you in enrolling for insurance under the Policy will be used to reduce or deny a claim unless a copy of your written application for insurance is or has been given to you, your beneficiary, if any, or to your estate representative.

# **SUN LIFE ASSURANCE COMPANY OF CANADA**

**Group Critical Illness Insurance Certificate**  
**[Critical Illness and Cancer]**

**Non-Participating**



# SUN LIFE ASSURANCE COMPANY OF CANADA

## RECURRENCE BENEFIT RIDER

This rider is part of the Certificate to which it attaches and is effective on [October 1, 2012]. It is part of, and subject to, the other terms and conditions of the Certificate. If the terms of this rider and the Certificate conflict, then this rider's provisions will control.

### **What is the recurrence benefit?**

We will pay you a lump-sum benefit each time any eligible Insured is Diagnosed with a Covered Condition for which we previously paid a benefit. Such Diagnosis must be for a new event while this rider is in effect and not a re-diagnosis of the Covered Condition for which we previously paid a benefit.

[No benefit will be payable for any Childhood Conditions.]

### **How is the amount of the benefit determined?**

We will multiply the Insured's Insurance Amount by the Benefit Percentage for the applicable Covered Condition as shown in the Benefit Highlights to determine the benefit to be paid.

### **What conditions apply to the recurrence benefit?**

We will pay this benefit only if the date of the new event and subsequent Diagnosis is more than [12 months] after the date of the prior Diagnosis of the applicable Covered Condition.

[The recurrence benefit for [Cancer and Non-Life Threatening Cancer] is payable only when:

- there is a Diagnosis of a new Cancer; or
- after the end of all primary treatment for the prior Cancer,
  - a recurrence of the prior Cancer occurs; and
  - the Insured has had no evidence of Cancer for any period of at least [12 months] prior to the subsequent Diagnosis.]

[The recurrence benefit for [Major Organ Failure or Heart Transplant] is payable only if:

- a second transplant is performed;
- the Insured goes on a waiting list with UNOS as a result of failure of the first transplant; or
- if dialysis is reinitiated following a renal transplant due to irreversible failure of the transplanted kidney.]

### **What is the maximum benefit payable under this rider?**

We will pay the recurrence benefit for an Insured only once for each applicable Covered Condition. We will not pay more than an aggregate of [100%] of the benefit payable for all Covered Conditions in the same Category as shown in the Benefit Highlights. [We will not pay more than an aggregate of [200%] of the benefit payable for all the Covered Conditions in all Categories shown in the Benefit Highlights.]

### **[Can you continue the recurrence benefit?**

[You may continue the recurrence benefit with any insurance continued under the Insurance Continuation provision.] [The recurrence benefit will not be included with any insurance continued under the [Insurance Continuation or Portability provisions.] ]

**When does this rider end?**

This rider will end on the earliest of the following to occur:

- the date the [Employer] elects to terminate this rider;
- [the date your Employer's participation in the Trust and under the Policy is terminated;] and
- the date the Policy terminates.

A handwritten signature in black ink, appearing to read "Dean A. Connor", followed by a period.

Dean A. Connor  
President and Chief Executive Officer]

# SUN LIFE ASSURANCE COMPANY OF CANADA

## Executive Office:

[One Sun Life Executive Park]

[Wellesley Hills, MA 02481]

[(800) 247-6875]

[[www.sunlife.com/us](http://www.sunlife.com/us)]

Policyholder: [ABC Company]  
Employer: [XYZ Company]  
[Name of Trust: Service Industry Trust]  
Policy Number: [00000001]  
Policy Effective Date: [September 1, 2012]  
Issue State: [Massachusetts]  
[Amendment Effective Date: [September 1, 2012] ]

## READ YOUR POLICY CAREFULLY.

We agree to provide the rights and benefits of this Policy according to its conditions and provisions. This Policy provides benefits for the following:

[Critical Illness]  
[Disability Income]

This Policy is issued to the [Policyholder] shown above in consideration of the [Policyholder's] application and payment of premiums. The Policyholder must pay premiums to Sun Life Assurance Company of Canada at its U.S. Headquarters or at another location chosen by us. The first premium is due on the effective date. Subsequent premiums are due on the [first day of each month] ("Premium Due Date").

This Policy is delivered in and governed by the laws of the Issue State shown above.

Signed at Wellesley Hills, Massachusetts.



[Dean A. Connor]  
[President and Chief Executive Officer]



[Dana J. Easthope]  
[Vice-President, Associate General Counsel  
and Corporate Secretary]

## GROUP INSURANCE POLICY Non-Participating



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## **1. INCORPORATION PROVISIONS**

The following are incorporated in and made part of this Policy:

- any Policy amendments, endorsements or riders;
- the [application] of the [Policyholder];
- the certificate(s); and
- any certificate amendments, endorsements or riders.

This Policy is the entire contract.

The certificate(s) and/or any certificate amendments, endorsements or riders include but are not limited to the following provisions that apply to the [Employees] of the [Policyholder]:

- benefit amounts and maximum limits;
- eligibility and effective date provisions;
- benefit plan provisions;
- termination provisions;
- exclusions and limitations; and
- other certificate provisions pertaining to state insurance requirements or that are related to the benefits provided under the certificate(s).

## **2. PREMIUMS**

### **Payment of Premiums**

The premiums due under this Policy on each Premium Due Date are based upon the premium rates in effect for the benefits provided. The premiums due are the sum of the monthly premiums for all persons insured for all benefits.

Premiums payable to us will be paid in United States dollars [and Canadian dollars] [and Canadian dollars at the accepted daily rate of exchange], on the Premium Due Date.

[The premium for additional or increased insurance becoming effective during a Policy month will be charged from the next Premium Due Date.

The premium for insurance terminated during a Policy month will cease at the end of the Policy month in which such insurance terminates.]

[The premium for additional, increased, reduced or terminated insurance will cause a pro-rata adjustment on the next Premium Due Date.]

### **Premium Rates**

We determine initial or any subsequent monthly premium rates on the basis of the insurance being provided. After the initial monthly premium rates have been in effect for [12 months] from the Policy Effective Date, we have the right to recalculate any premium rate. However, we have the right to recalculate the initial or any subsequent monthly premium rate when any of the following occurs:

- the terms of this Policy are changed;
- a new division or subsidiary or affiliated Company is added to or deleted from this Policy;
- the number of Employees covered under this Policy changes by more than [25%] from the number on [the Policy Effective Date] [or any anniversary of the Policy Effective Date thereafter]; or
- one or more classes are added to or deleted from this Policy.

We will provide written notification of any increases in the premium rates to the [Policyholder] at least [31] days prior to the effective date of the increase. Premium rate increases may take effect on an earlier date when both the Policyholder and us agree.

### **Grace Period**

The grace period means the [31-day] period of time following the Premium Due Date during which premium payment may be made. If the Policyholder [or the Employer] does not pay the required premium before the end of the grace period, this Policy will automatically cease at the end of the grace period [for any or all Employers with respect to whom premiums have not been paid]. If the Policyholder [or the Employer] gives us advance written notice that this Policy will cease on an earlier date, then this Policy will cease on that date; but no such termination will take effect during any period for which the required premium has been paid to us.

The Policyholder [or the Employer] is responsible for the premium that is due during that part of the grace period that the insurance remains in force or the entire grace period if written notice is not received prior to the end of the grace period.

### 3. TERMINATION

#### Termination

[An Employer's participation in the Trust and under this] Policy will end on the earliest of:

- the last day of the grace period if premiums remain unpaid;
- the termination date requested by the [Policyholder] in writing but no earlier than the last date for which premium has been paid;
- the date that we specify in advance written notice to the [Policyholder]. We may give this notice at any time, but not less than [30] days in advance of such date. Occasions on which we may give this notice include but are not limited to:
  - a) [with respect to hourly Employees,] at any time when less than [75%] of all Eligible Employees are insured under this Policy. The term Eligible Employees in this item does not include any [Employee] who is not insured solely because he or she could not submit Evidence of Insurability; nor any [Employee] who has declined coverage for tax or religious reasons;]
  - b) [with respect to salaried Employees,] at any time when less than [100%] of all Eligible Employees are insured under the Policy. The term Eligible Employees in this item does not include any [Employee] who is not insured solely because he or she could not submit Evidence of Insurability, nor any [Employee] who has declined coverage for tax or religious reasons;]
  - c) at any time when the [Policyholder] fails:
    - i) to furnish promptly any information that we may reasonably require; or
    - ii) to perform any other obligations pertaining to this Policy;
  - d) at any time when the [Policyholder] ceases to qualify for insurance coverage under this Policy in accordance with our then current standard underwriting rules and practices.
- any date the [Policyholder] does not have at least [2] Employees insured under this Policy; or
- any date the [Policyholder] is not actively engaged in the business that we agreed to insure.

[We have the right to terminate this Policy on the first day of any month after we give the Policyholder at least [60 days] notice of our intent to terminate.]

Once this Policy terminates, the insurance it provides will end automatically.

## 4. GENERAL PROVISIONS

### **Agency**

For all purposes of this Policy, the Policyholder [or third party administrator] acts on its own behalf or as an agent of the [Employee]. Under no circumstances will the Policyholder [or third party administrator] be deemed an agent of Sun Life Assurance Company of Canada.

### **Certificate of Insurance**

We will provide the [Policyholder] with a certificate of insurance to be given to each [Employee]. The certificate will explain the important features of this Policy and to whom we will pay benefits.

### **Incontestability**

The validity of this Policy shall not be contested, except for nonpayment of premium, after it has been in force for two years from the Policy Effective Date.

### **Information We May Need**

The Policyholder [and the Employer] must give us, on our forms, any information that we may need to compute premiums, provide insurance coverage and keep records. Such information as to any individual will be binding upon that individual, and we will rely on it as such. At all reasonable times while this Policy is in force and until we resolve all rights and duties under it, we can inspect any of the Policyholder's [or the Employer's] records that would, in our judgment, have any effect on the insurance provided under this Policy.

### **Insurer's Authority**

We have discretionary authority to make all final determinations regarding claims for benefits. This discretionary authority includes, but is not limited to, the determination of eligibility for benefits, based upon enrollment information provided by the Policyholder, and the amount of any benefits due, and to construe the terms of the Policy.

Any decision made by us in the exercise of this authority, including review of denials of benefit, is conclusive and binding on all parties. Any court reviewing our determinations shall uphold such determination unless the claimant proves that our determinations are arbitrary and capricious.

### **Policy Changes**

This Policy may be changed in whole or in part. Only an officer of Sun Life Assurance Company of Canada is authorized to make a change which must be endorsed on or attached to this Policy.

Any other person, including an agent, may not change this Policy or waive any part of it.

### **[Refund Based on Experience]**

We may periodically apply a retrospective experience rating refund process to the applicable insurance. We will allocate to this Policy any refund amount we determine to be available as a result of that process. We reserve the right to change the basis of that process at any time.]

### **Statements**

All statements made in any Application are considered representations and not warranties. No representation by the [Policyholder] in applying for this Policy will render it void unless the representation is contained in the Application.

No representation by any [Employee] in applying for insurance under this Policy, will be used to reduce or deny a claim unless a copy of the [Employee's] written application for insurance is or has been given to the [Employee] or the [Employee's] beneficiary, if any.

### **Time Periods**

For the purpose of effective dates and termination date under this Policy, all days begin at 12:00 midnight and end at 11:59:59 PM at the Policyholder's location.

**Workers' Compensation**

This Policy is not in lieu of, and does not affect, any requirement for coverage by Workers' Compensation Insurance.

# **SUN LIFE ASSURANCE COMPANY OF CANADA**

**GROUP INSURANCE POLICY**  
**Non-Participating**



# SUN LIFE ASSURANCE COMPANY OF CANADA

## RATE INFORMATION ENDORSEMENT

This endorsement is part of the Group Policy to which it attaches and is effective on [October 1, 2012]. It is part of, and subject to, the other terms and conditions of the Group Policy. If the terms of this endorsement and the Group Policy conflict, then this endorsement's provisions will control.

### Initial Premium Rates

The initial premium rates for the insurance benefits are shown below.

#### [Critical Illness Benefits]

##### [Employee Insurance:

Employee's Age	Monthly Rate per \$1,000 of Insurance	
	Smoker	Non-Smoker
[Less than age 25	[\$xx.xx	[\$xx.xx
25-29	\$xx.xx	\$xx.xx
30-34	\$xx.xx	\$xx.xx
35-39	\$xx.xx	\$xx.xx
40-44	\$xx.xx	\$xx.xx
45-49	\$xx.xx	\$xx.xx
50-54	\$xx.xx	\$xx.xx
55-59	\$xx.xx	\$xx.xx
60-64	\$xx.xx	\$xx.xx
65-69	\$xx.xx	\$xx.xx
70-74	\$xx.xx	\$xx.xx
75-79	\$xx.xx	\$xx.xx
80 and over]	\$xx.xx]	\$xx.xx] ]

##### [Employee Insurance:

Employee's Age	Monthly Rate per \$1,000 of Insurance
[Less than age 25	[\$xx.xx
25-29	\$xx.xx
30-34	\$xx.xx
35-39	\$xx.xx
40-44	\$xx.xx
45-49	\$xx.xx
50-54	\$xx.xx
55-59	\$xx.xx
60-64	\$xx.xx
65-69	\$xx.xx
70-74	\$xx.xx
75-79	\$xx.xx
80 and over]	\$xx.xx] ]

[Employee Insurance: Monthly rate of \$xx.xx per \$1,000 of insurance.]

##### [Spouse Insurance:

Spouse's Age	Monthly Rate per \$1,000 of Insurance	
	Smoker	Non-Smoker
[Less than age 25	[\$xx.xx	[\$xx.xx
25-29	\$xx.xx	\$xx.xx
30-34	\$xx.xx	\$xx.xx
35-39	\$xx.xx	\$xx.xx
40-44	\$xx.xx	\$xx.xx
45-49	\$xx.xx	\$xx.xx
50-54	\$xx.xx	\$xx.xx
55-59	\$xx.xx	\$xx.xx
60-64	\$xx.xx	\$xx.xx
65-69	\$xx.xx	\$xx.xx
70-74	\$xx.xx	\$xx.xx
75-79	\$xx.xx	\$xx.xx
80 and over]	\$xx.xx]	\$xx.xx] ]

**[Spouse Insurance:**

Spouse's Age	Monthly Rate per \$1,000 of Insurance
[Less than age 25	[\$xx.xx
25-29	\$xx.xx
30-34	\$xx.xx
35-39	\$xx.xx
40-44	\$xx.xx
45-49	\$xx.xx
50-54	\$xx.xx
55-59	\$xx.xx
60-64	\$xx.xx
65-69	\$xx.xx
70-74	\$xx.xx
75-79	\$xx.xx
80 and over]	\$xx.xx] ]

**[Spouse Insurance:** Monthly rate of [\$xx.xx] per \$1,000 of insurance.]

**[Dependent Children Insurance:** Monthly rate of [\$xx.xx] per \$1,000 of insurance.]



Dean A. Connor  
President and Chief Executive Officer]

SERFF Tracking Number: SNLF-128477205 State: Arkansas

Filing Company: Sun Life Assurance Company of Canada State Tracking Number:

Company Tracking Number: 2012 CRITICAL ILLNESS-CANCER

TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness  
Limited Benefit

Product Name: 2012 Critical Illness-Cancer

Project Name/Number: 2012 Critical Illness-Cancer/2012 Critical Illness-Cancer

## Supporting Document Schedules

	Item Status:	Status
<b>Satisfied - Item:</b> Flesch Certification	Approved-Closed	<b>Date:</b> 06/25/2012
<b>Comments:</b>		
<b>Attachment:</b> Readability Cert.pdf		

	Item Status:	Status
<b>Bypassed - Item:</b> Application	Approved-Closed	<b>Date:</b> 06/25/2012
<b>Bypass Reason:</b> The application form will be filed under separate cover.		
<b>Comments:</b>		

	Item Status:	Status
<b>Satisfied - Item:</b> AR Guaranty Notice	Approved-Closed	<b>Date:</b> 06/25/2012
<b>Comments:</b> Attached is a previous approved Arkansas Guaranty Notice that will be used with this product.		
<b>Attachment:</b> ARGuaranty Notice.pdf		

	Item Status:	Status
<b>Satisfied - Item:</b> Statements of Variability	Approved-Closed	<b>Date:</b> 06/25/2012
<b>Comments:</b>		
<b>Attachments:</b> 12-SD-C-01 - SOV - 6-14-2012.pdf 12-SD-R-01 - SOV - 5-29-2012.pdf 12-GP-01 - SOV - 6-6-2012.pdf 12-GP-E-01 - SOV - 6-6-2012.pdf		

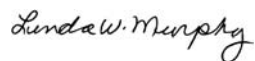
## CERTIFICATE OF COMPLIANCE

This is to certify that the text of the submitted forms has achieved a Flesch reading ease score that meets your department's requirements.

Form Number	Score
12-SD-C-01	50.3
12-SD-R-01	See above
12-GP-01	See above
12-GP-E-01	See above

When calculated with Certificate, these forms score 50+.

**SUN LIFE ASSURANCE COMPANY OF CANADA**



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Linda W. Murphy  
Compliance Officer

**LIMITATIONS AND EXCLUSIONS UNDER THE  
ARKANSAS LIFE AND HEALTH INSURANCE  
GUARANTY ASSOCIATION ACT**

Residents of Arkansas who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association (“Guaranty Association”). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And as noted in the box below, this protection is not a substitute for consumers' care in selecting companies that are well managed and financially stable.

**DISCLAIMER**

The Arkansas Life and Health Insurance Guaranty Association (“Guaranty Association”) may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions, and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is **NOT** provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Health Insurance Guaranty Association  
c/o The Liquidation Division  
1023 West Capitol Avenue  
Little Rock, Arkansas 72201

Arkansas Insurance Department  
1200 West Third Street  
Little Rock, Arkansas 72201-1904

The State Law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act (“Act”). Below is a brief summary of the Act’s coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

**(please turn to back of page)**

## **COVERAGE**

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

## **EXCLUSIONS FROM COVERAGE**

However, persons owning such policies are **NOT** protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or a variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contract holders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC") (whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution;
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to portfolio of assets owned by a non-affiliate benefit plan or its trustees).

## **LIMITS ON AMOUNT OF COVERAGE**

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

# Sun Life Assurance Company of Canada

## Statement of Variability

**Form #: 12-SD-C-01**

**Revision Date: June 14, 2012**

**Variability denoted by bracketing**

Field	Scope of Variation
<b>Cover Page</b>	
Executive Office	Executive Office address, telephone and internet address reflects current information but may be changed to reflect new address, telephone or internet address.
insuring certain Employees of the Employer shown below	Text may appear when Employer is identified separately from Policyholder such as when the policy is issued to a trustee group or to Policyholders with a different plan design for subsidiaries.
Policy Number	Hypothetical - John Doe specimen information.
Policy Effective Date	Employers Effective Date may appear when Employer is identified separately from Policyholder such as when the policy is issued to a trustee group or to Policyholders with a different plan design for subsidiaries. Otherwise, Policy Effective Date will be used. The text may also show the actual Employer or Policy Effective Date.
Policyholder	Hypothetical - John Doe specimen information.
Employer	Hypothetical - John Doe specimen information.
Issue State	Hypothetical - John Doe specimen information.
Amendment Effective Date	Amendment Effective Date will appear and reflect actual effective date if amendment to certificate has been issued.
Company Officers	In the event the signature or title of an officer signing the form changes, any new signature or title utilized will be that of an officer of the company.
Critical Illness and Cancer	Text will change to reflect the actual coverage election by the Policyholder and/or Employee and may include Critical Illness, Critical Illness and Cancer, or Cancer Only.
Corporate logo	Will vary to reflect future change.
<b>TABLE OF CONTENTS</b>	
TABLE OF CONTENTS	Text and Section numbers will change to reflect the actual coverage election by the Policyholder and/or Employee and may include: <ul style="list-style-type: none"> <li>• Spouse Insurance</li> <li>• Wellness Screening Benefit</li> <li>• Portability</li> <li>• Dependent Children Insurance</li> <li>• Insurance Continuation</li> <li>• Continuity of Coverage</li> </ul>
<b>1. BENEFIT HIGHLIGHTS</b>	
Classification	Classification may or may not appear, and if it appears, it will reflect the Policyholder's naming convention.

Field	Scope of Variation
Eligible Classes	Eligible Classes description will vary to reflect Policyholder's or Employer's description of classes eligible for benefits that are based on conditions pertaining to employment or membership.
Minimum Hours	Unless an Eligible Class is based solely on membership, Minimum Hours will be 4 hours or more and will be based on conditions pertaining to employment such as full-time or part-time employment, status as 1099 employees, or other conditions pertaining to employment or membership. "Per week" may be changed to "per day", "bi-weekly", "semi-monthly", "monthly", "quarterly", "semi-annually", "annually" or other appropriate period of time as appropriate for the Policyholder.
Eligibility Waiting Period	Eligibility Waiting Period varies from 0 days to 365 days; may be reflected as "first of the month following completion of" or another method as appropriate for Employer's waiting period.
Employee Insurance	Text may show a flat dollar amount of insurance between \$5,000 - \$100,000 based on Policyholder election and a group-specific underwriting evaluation. If a range of insurance amounts are available, then Minimum, Maximum, Guaranteed Issue Amount - Initial Enrollment only, and Change Increment Amount will print. If the Guaranteed Issue Amount is equal to the Employee Insurance Maximum or there is no Guaranteed Issue Amount under the Policyholder plan, Guaranteed Issue Amount will not appear. Change Increment Amount varies between \$1,000 - \$25,000.
Spouse Insurance	Text will appear if elected by the Policyholder and/or Employee. Text may show a flat dollar amount of insurance between \$5,000 - \$100,000 based on Policyholder and/or Employee election and a group-specific underwriting evaluation. If a range of insurance amounts are available, then Minimum, Maximum, Guaranteed Issue Amount - Initial Enrollment only, and Change Increment Amount will print. If the Guaranteed Issue Amount is equal to the Spouse Insurance Maximum or there is no Guaranteed Issue Amount under the Policyholder plan, Guaranteed Issue Amount will not appear. Change Increment Amount varies between \$1,000 - \$25,000.
Dependent Children Insurance	Text will appear if elected by the Policyholder and/or Employee. Text may show a flat dollar amount of insurance between \$1,000 - \$50,000 based on Policyholder and/or Employee election and a group-specific underwriting evaluation. If a range of insurance amounts are available, then Minimum, Maximum, Guaranteed Issue Amount - Initial Enrollment only, and Change Increment Amount will print. If the Guaranteed Issue Amount is equal to the Dependent Children Insurance Maximum or there is no Guaranteed Issue Amount under the Policyholder plan, Guaranteed Issue Amount will not appear. Change Increment Amount varies between \$1,000 - \$5,000.
Circulatory Conditions Category	Text will show with Policyholder and/or Employee election of the type of insurance and a Covered Condition as shown below. The Benefit Percentage ranges from 10% to 100% for each benefit. <ul style="list-style-type: none"> <li>• Heart Attack</li> <li>• Stroke</li> <li>• Heart Transplant</li> <li>• Coronary Artery Bypass Surgery</li> <li>• Aortic Surgery</li> <li>• Coronary Artery Angioplasty</li> </ul>
Cancer Conditions Category	Text will show with Policyholder and/or Employee election of the type of insurance and a Covered Condition as shown below. The Benefit Percentage ranges from 10% to 100% for each benefit. <ul style="list-style-type: none"> <li>• Cancer</li> <li>• Non-Life Threatening Cancer</li> </ul>
Other Conditions Category	Text will show with Policyholder and/or Employee election of the type of insurance and a Covered Condition as shown below. The Benefit Percentage ranges from 10% to 100% for each benefit. <ul style="list-style-type: none"> <li>• Benign Brain Tumor</li> <li>• Coma</li> <li>• Major Organ Failure</li> <li>• Paralysis</li> <li>• Severe Burns</li> </ul>

Field	Scope of Variation
Covered Childhood Conditions Category	<p>Text will show with Policyholder and/or Employee election of Dependent Children Insurance and a Covered Condition as shown below. The Benefit Percentage ranges from 10% to 100% for each benefit.</p> <ul style="list-style-type: none"> <li>• Cystic Fibrosis</li> <li>• Cerebral Palsy</li> <li>• Muscular Dystrophy</li> <li>• Congenital Heart Disease</li> <li>• Type 1 Diabetes Mellitus</li> </ul>
Maximum Benefits Payable for each Insured under this Certificate	<p>The percentage of the benefit for Covered Conditions in the same category may change between 100% - 200%.</p> <p>If there is a benefit cap beyond Covered Conditions in the same category, the percentage may change between 100% - 400%. Changes will be based on a future determination by the Company after an actuarial pricing evaluation. Any pricing change would apply to new issues on a going forward basis only.</p>
Wellness Screening Benefit	<p>Text will show because of Policyholder and/or Employee election. Per calendar year benefit may range from \$50 - \$300.</p> <p>Spouse reference will be included if such coverage is elected by the Policyholder and/or Employee.</p>
Contributions	<p>Text and will change to reflect the actual contribution level election by the Policyholder and may include:</p> <ul style="list-style-type: none"> <li>• The cost of your insurance is paid for entirely by your Employer.</li> <li>• The cost of your insurance is shared by both you and your Employer.</li> <li>• The cost of your insurance is paid for entirely by you.</li> </ul> <p>Your Employer may change to the Policyholder.</p>
<b>2. DEFINITIONS</b>	
Actively at Work	<p>Actively at Work description will vary according to Policyholder's plan. Actively at work reference may be stated as day, week, or other appropriate period of time per employer. Definition may reflect class specifics. A typical worksite location language may be included per employer choice. Non-scheduled work day coverage (e.g. weekends or summer months) is included at employer's option. "In-session" language may be included for Employer's that typically have such in-session and out-of-session periods, such as education institutions. The definition may include union members, directors or any other employees the Policyholder wishes to cover and to which we agree to cover.</p>
Clinical Diagnosis	<p>Text will show if Cancer coverage is elected.</p>

Field	Scope of Variation
Dependent Child	<p>Text will show if Dependent Children Insurance is elected and will change based on requirements specified by the Policyholder, the requirements of the Affordable Care Act, benefits mandated by state laws or regulations, or additional federal legislation.</p> <p>The child may or may not be required to be unmarried.</p> <p>The child's age may vary between 23 - 30 and may or may not be reliant on the Employee for 25% - 75% of the child's support.</p> <p>An exception may exist for a child enrolled in an employer-sponsored medical plan other than the parent's. A Dependent Child can include:</p> <ul style="list-style-type: none"> <li>• an Employee's unmarried step-child;</li> <li>• a child for whom the Employee has legal guardianship;</li> <li>• a foster child placed with the Employee by a licensed agency;</li> <li>• an Employee's adopted child, including any child placed with the Employee for adoption;</li> <li>• an Employee's grandchild who may or may not depend on the Employee for support;</li> <li>• a child for whom coverage is required pursuant to a Qualified Medical Child Support Order or other court administrative order; or</li> <li>• a child of a Spouse.</li> </ul> <p>If Policyholder plan requirements include children older than a specified age, the plan may require the child be such as the following:</p> <ul style="list-style-type: none"> <li>• incapable of self-sustaining employment because of a mental retardation, developmental disability or physical handicap; and</li> <li>• dependent on the Employee for between 25% - 75% % or more of his/her support.</li> </ul> <p>Dependent Child coverage may be limited to one parent if both parents are eligible for the same Employee coverage. Exceptions may also exist similar to the following:</p> <ul style="list-style-type: none"> <li>• any person who is insured as an Employee; or</li> <li>• any person residing outside the United States. This exclusion may or may not apply to a Dependent Child who resides with an Employee who is on a temporary work assignment outside the United States.</li> </ul> <p>The Policyholder's plan may exclude any person residing outside of the U.S. or Canada. Another country could be included if applicable.</p>
Divorce	Text will show if Spouse Insurance is elected.
Eligibility Waiting Period	<p>Text may show if applicable under the Policyholder's plan. Employers Effective Date may appear when Employer is identified separately from Policyholder such as when the policy is issued to a trustee group or to Policyholders with a different plan design for subsidiaries. Otherwise, Policy Effective Date will be used. The text may also show the actual Employer or Policy Effective Date.</p> <p>Full-time may change to part-time or other Policyholder-specific language as applicable under the Policyholder's plan.</p>

Field	Scope of Variation
Employee	<p>Employee varies to accommodate each Policyholder's plan design and may be reflect class specifics. The term "Employee" may be replaced with "Member" or another term.</p> <p>The standard language for the definition of Employee may exclude any person residing outside of the U.S. or Canada. Another country could be included.</p> <p>If applicable, language related to 8 U.S.C. 1324a may be included similar to the following:</p> <ul style="list-style-type: none"> <li>• who has provided the Employer with sufficient and authentic documentation establishing eligibility for employment in the United States as required under the Immigration Reform and Control Act, 8 U.S.C. 1324a(b)(1), and who is not an "unauthorized alien" as defined by 8 U.S.C. 1324a(h)(3)</li> </ul> <p>Coverage under the Policyholder plan may or may not include seasonal or temporary employees and 12 months varies from 0 to 12 months.</p> <p>If applicable, the period of time during which the employee may work outside of the United States varies from 0 - 24 months.</p> <p>Employees who receive a 1099 IRS form may or may not be included similar to the language below:</p> <ul style="list-style-type: none"> <li>• For the purposes of this Certificate, Employee also means a person who receives an IRS 1099, as well as any physician, if applicable, to the extent the individual is actually working for the Employer at least the minimum hours shown in the Benefit Highlights, and is paid regular earnings from the Employer and we agree the Employee in writing.</li> </ul>
Employer	<p>Employer may or may not reference subsidiary or affiliated employers. Definition may be reflected as class specific.</p>
Enrollment Period	<p>Enrollment Period will be included if the plan contains a designated enrollment period other than upon hiring.</p> <p>Frequency of enrollment period and changes that may be made will reflect Policyholder's plan.</p> <p>Definition may be reflected as class specific.</p>
Evidence of Insurability	<p>Reference to Spouse or Dependent Child coverage is included if such coverage is elected.</p>
Family Status Change	<p>Family Status Change is included according to the Policyholder's plan design.</p> <p>When annual changes are allowed depends on the employer's plan.</p> <p>The list of family status changes varies according to the employer's plan.</p> <p>Evidence of insurability may be required for increases in insurance due to a family status change, depending on the employer's plan design.</p>
Guaranteed Issue Amount	<p>Guaranteed Issue Amount is included if any benefit has a specified guaranteed issue limit. May apply at initial enrollment or subsequent enrollment or increases. Definition may reflect as class specifics.</p>
Initial Enrollment	<p>Reference to Spouse or Dependent Child coverage is included if such coverage is elected.</p>
Layoff	<p>Text will show if rehire and/or Insurance Continuation is contingent upon a Layoff.</p>
Leave of Absence	<p>Text will show if Insurance Continuation and/or Portability is contingent upon a Leave of Absence.</p>
Marriage	<p>Text will show if Spouse Insurance is elected. The definition of Marriage will change to the extent necessary to meet Policyholder plan designs and comply with state laws and regulations regarding legally recognized same-sex unions and domestic partnerships.</p>

Field	Scope of Variation
Spouse	<p>Text will show if Spouse Insurance or Portability is elected under the Policyholder's plan. The definition of Spouse will change to the extent necessary to meet Policyholder plan designs and comply with state laws and regulations regarding legally recognized same-sex unions and domestic partnerships. Exceptions may also exist similar to the following:</p> <ul style="list-style-type: none"> <li>• any person who is insured as an Employee; or</li> <li>• any person residing outside the United States. This exclusion does not apply to a Spouse who resides with an Employee who is on a temporary work assignment outside the United States.</li> </ul> <p>The Policyholder's plan may exclude any person residing outside of the U.S., Mexico, or Canada. Another country could be included if applicable.</p>
<b>3. ELIGIBILITY, EFFECTIVE DATES AND TERMINATION FOR EMPLOYEE INSURANCE</b>	
When are you eligible for Employee Insurance?	<p>Hypothetical - John Doe specimen information.</p> <p>The date may be replaced with:</p> <ul style="list-style-type: none"> <li>• first of the month following the date;</li> <li>• first of the month coincident with or next following the date;</li> <li>• the policy effective date; or</li> <li>• the date an employer or class is added</li> </ul>
When must you enroll for Employee Insurance?	<p>The time limit for enrollment varies from 15 days - 180 days.</p> <p>Text may also be included if changes in Employee Insurance are only allowed during Enrollment Periods under the Policyholder plan.</p>
When does Employee Insurance start?	<p>May be required to resubmit Evidence of Insurability if absence is more than a certain amount of days ranging from 30 days - 180 days.</p>
How can you make changes in Employee Insurance?	<p>Text may appear when changes to Employee Insurance are allowed under the Policyholder's plan. Reference to Enrollment Period will be included when the policyholder has a designated Enrollment Period; otherwise "If" will appear;</p> <p>The ability to request a change as the result of a Family Status Change may require the Employee to submit a request within 30 to 180 days of the change.</p> <p>Increases or decreases may be subject to the limits shown in Benefit Highlights section (e.g. one level increase or a specific dollar amount increase).</p>
When does a change in Employee Insurance start?	<p>Increases may start on any particular date as specified by the Policyholder or to the extent required under state laws and regulations.</p> <p>May be required to resubmit Evidence of Insurability if absence is more than a certain amount of days ranging from 30 days - 180 days.</p> <p>Reductions in insurance may start on any particular date as specified by the Policyholder or to the extent required under state laws and regulations.</p>

Field	Scope of Variation
When are you required to provide Evidence of Insurability?	<p>Policyholder's coverage elected will dictate requirements that may vary, similar to the following:</p> <ul style="list-style-type: none"> <li>• initially enroll for Employee Insurance that exceeds the Guaranteed Issue Amount shown in the Benefit Highlights;</li> <li>• enroll for any Employee Insurance after your Initial Enrollment;</li> <li>• apply for an increase in Employee Insurance.</li> <li>• apply for any Employee Insurance after your Initial Enrollment in excess of \$5,000;</li> <li>• apply for an increase in Employee Insurance in excess of \$5,000;</li> <li>• However, during the Enrollment Period, an Employee may elect to increase his/her amount of insurance up to \$5,000 without providing Evidence of Insurability;</li> <li>• However, during the Enrollment Period, an Employee may elect to increase his/her amount of insurance up to the Guaranteed Issue Amount without providing Evidence of Insurability;</li> <li>• However, within 31 days of a Family Status Change, an Employee may elect to increase his/her amount of insurance up to the Guaranteed Issue Amount without providing Evidence of Insurability;</li> <li>• However, Evidence of Insurability will not be required if you elect coverage or elect to increase your amount of insurance within 31 days of a Family Status Change.</li> </ul> <p>\$5,000 could be a flat dollar amount, or state an option or level within the policy.</p> <p>Evidence of Insurability may be waived based on Policyholder requirements. Waiver may or may not have to be provided by us in writing.</p>
When does Employee Insurance end?	<p>Text may appear when Employer is identified separately from Policyholder such as when the policy is issued to a trustee group.</p> <p>Text may appear when Insurance Continuation and/or Portability have been elected by the Policyholder.</p>
<b>4. ELIGIBILITY, EFFECTIVE DATES AND TERMINATION FOR SPOUSE INSURANCE</b>	
4. ELIGIBILITY, EFFECTIVE DATES AND TERMINATION FOR SPOUSE INSURANCE	Text will appear if elected by the Policyholder and/or Employee.
When are you eligible for Spouse Insurance?	<p>Hypothetical - John Doe specimen information.</p> <p>The date may be replaced with:</p> <ul style="list-style-type: none"> <li>• first of the month following the date;</li> <li>• first of the month coincident with or next following the date;</li> <li>• the policy effective date; or</li> <li>• the date an employer or class is added</li> </ul>
When must you enroll for Spouse Insurance?	<p>The time limit for enrollment varies from 15 days - 180 days.</p> <p>Text may also be included if changes in Spouse Insurance are only allowed during Enrollment Periods under the Policyholder plan.</p>
When does Spouse Insurance start?	May be required to resubmit Evidence of Insurability if absence is more than a certain amount of days ranging from 30 days - 180 days.
How can you make changes in Spouse Insurance?	<p>Text may appear when changes to Spouse Insurance are allowed under the Policyholder's plan. Reference to Enrollment Period will be included when the policyholder has a designated Enrollment Period; otherwise "If" will appear;</p> <p>The ability to request a change as the result of a Family Status Change may require the Employee to submit a request within 30 to 180 days of the change.</p> <p>Increases or decreases may be subject to the limits shown in Benefit Highlights section (e.g. one level increase or a specific dollar amount increase).</p>

Field	Scope of Variation
When does a change in Spouse Insurance start?	<p>Increases may start on any particular date as specified by the Policyholder or to the extent required under state laws and regulations.</p> <p>May be required to resubmit Evidence of Insurability if absence is more than a certain amount of days ranging from 30 days - 180 days.</p> <p>Reductions in insurance may start on any particular date as specified by the Policyholder or to the extent required under state laws and regulations.</p>
When are you required to provide Evidence of Insurability for your Spouse?	<p>Policyholder's coverage elected will dictate requirements that may vary, similar to the following:</p> <ul style="list-style-type: none"> <li>• initially enroll for Spouse Insurance that exceeds the Guaranteed Issue Amount shown in the Benefit Highlights;</li> <li>• apply for any Spouse Insurance after your Initial Enrollment;</li> <li>• apply for an increase in Spouse Insurance.</li> <li>• apply for any Spouse Insurance after your Initial Enrollment in excess of \$5,000;</li> <li>• apply for an increase in Spouse Insurance in excess of \$5,000;</li> <li>• However, during the Enrollment Period, an Employee may elect to increase his/her amount of Spouse Insurance up to \$5,000 without providing Evidence of Insurability;</li> <li>• However, during the Enrollment Period, an Employee may elect to increase his/her amount of Spouse Insurance up to the Guaranteed Issue Amount without providing Evidence of Insurability;</li> <li>• However, within 31 days of a Family Status Change, an Employee may elect to increase his/her amount of Spouse Insurance up to the Guaranteed Issue Amount without providing Evidence of Insurability;</li> <li>• However, Evidence of Insurability will not be required if you elect coverage or elect to increase your amount of Spouse Insurance within 31 days of a Family Status Change.</li> </ul> <p>\$5,000 could be a flat dollar amount, or state an option or level within the policy.</p> <p>Evidence of Insurability may be waived based on Policyholder requirements.</p>
When does Spouse Insurance end?	<p>Text may appear when Employer is identified separately from Policyholder such as when the policy is issued to a trustee group.</p> <p>Text may appear when Insurance Continuation and/or Portability have been elected by the Policyholder.</p>
<b>5. ELIGIBILITY, EFFECTIVE DATES AND TERMINATION FOR DEPENDENT CHILDREN INSURANCE</b>	
5. ELIGIBILITY, EFFECTIVE DATES AND TERMINATION FOR DEPENDENT CHILDREN INSURANCE	Text will appear and Section numbers will change to reflect the actual coverage election by the Policyholder and/or Employee.
When are you Eligible for Dependent Children Insurance?	<p>Hypothetical - John Doe specimen information.</p> <p>The date may be replaced with:</p> <ul style="list-style-type: none"> <li>• first of the month following the date;</li> <li>• first of the month coincident with or next following the date;</li> <li>• the policy effective date; or</li> <li>• the date an employer or class is added</li> </ul>
When must you enroll for Dependent Children Insurance?	<p>The time limit for enrollment varies from 15 days - 180 days.</p> <p>Text may also be included if changes in Spouse Insurance are only allowed during Enrollment Periods under the Policyholder plan.</p>
When does Dependent Children Insurance start?	May be required to resubmit Evidence of Insurability if absence is more than a certain amount of days ranging from 30 days - 180 days.

Field	Scope of Variation
How can you make changes in Dependent Children Insurance?	<p>Text may appear when changes to Dependent Children Insurance are allowed under the Policyholder's plan. Reference to Enrollment Period will be included when the policyholder has a designated Enrollment Period; otherwise "If" will appear;</p> <p>The ability to request a change as the result of a Family Status Change may require the Employee to submit a request within 15 to 180 days of the change.</p> <p>Increases or decreases may be subject to the limits shown in Benefit Highlights section (e.g. one level increase or a specific dollar amount increase).</p>
When does a change in Dependent Children Insurance start?	<p>Increases may start on any particular date as specified by the Policyholder or to the extent required under state laws and regulations.</p> <p>May be required to resubmit Evidence of Insurability if absence is more than a certain amount of days ranging from 15 days - 180 days.</p> <p>Reductions in insurance may start on any particular date as specified by the Policyholder or to the extent required under state laws and regulations.</p>
When are you required to provide Evidence of Insurability for your Dependent Child?	<p>Policyholder's coverage elected will dictate requirements that may vary, similar to the following:</p> <ul style="list-style-type: none"> <li>• initially enroll for Dependent Children Insurance that exceeds the Guaranteed Issue Amount shown in the Benefit Highlights;</li> <li>• apply for any Dependent Children Insurance after your Initial Enrollment;</li> <li>• apply for an increase in Dependent Children Insurance.</li> <li>• apply for any Dependent Children Insurance after your Initial Enrollment in excess of \$5,000;</li> <li>• apply for an increase in Dependent Children Insurance in excess of \$5,000;</li> <li>• However, during the Enrollment Period, an Employee may elect to increase his/her amount of Dependent Children Insurance up to \$5,000 without providing Evidence of Insurability;</li> <li>• However, during the Enrollment Period, an Employee may elect to increase his/her amount of Dependent Children Insurance up to the Guaranteed Issue Amount without providing Evidence of Insurability;</li> <li>• However, within 31 days of a Family Status Change, an Employee may elect to increase his/her amount of Dependent Children Insurance up to the Guaranteed Issue Amount without providing Evidence of Insurability;</li> <li>• However, Evidence of Insurability will not be required if you elect coverage or elect to increase your amount of Dependent Children Insurance within 31 days of a Family Status Change.</li> </ul> <p>\$5,000 could be a flat dollar amount, or state an option or level within the policy.</p> <p>Evidence of Insurability may be waived based on Policyholder requirements.</p>
When does Dependent Children Insurance end?	<p>Text may appear when Employer is identified separately from Policyholder such as when the policy is issued to a trustee group.</p> <p>Text may appear when Insurance Continuation and/or Portability have been elected by the Policyholder.</p>
<b>6. BENEFIT PROVISIONS</b>	
6.	<p>Section numbers will change to reflect the actual coverage election by the Policyholder and/or Employee.</p>
How is the amount of the benefit determined?	<p>The following text will appear based on the coverage elected by the Policyholder and/or Employee:</p> <ul style="list-style-type: none"> <li>• Insured's Insurance Amount</li> <li>• amount of Employee Insurance, Spouse Insurance, or Dependent Children Insurance for which you are insured</li> </ul>

Field	Scope of Variation
<b>7. COVERED CONDITIONS</b>	
7.	Section numbers will change to reflect the actual coverage election by the Policyholder and/or Employee.
Circulatory Conditions Category	<p>Text will show with Policyholder and/or Employee election of the type of insurance and a Covered Condition as shown below.</p> <ul style="list-style-type: none"> <li>• Heart Attack</li> <li>• Heart Transplant</li> <li>• Aortic Surgery</li> <li>• Stroke</li> <li>• Coronary Artery Bypass Surgery</li> <li>• Coronary Artery Angioplasty</li> </ul> <p>30 days could vary between 15 - 180 days.</p>
Cancer Conditions Category	<p>Text will show with Policyholder and/or Employee election of the type of insurance and a Covered Condition as shown below.</p> <ul style="list-style-type: none"> <li>• Cancer</li> <li>• Cancer Benefit Waiting Period</li> <li>• Non Life-Threatening Cancer</li> <li>• Non-Life Threatening Cancer Benefit Waiting Period</li> </ul> <p>Text regarding recurrence will show based on a future product design change.</p> <p>30 days could vary between 15 - 180 days.</p> <p>6 months could vary between 30 days - 36 months.</p>
Other Conditions Category	<p>Text will show with Policyholder and/or Employee election of the type of insurance and a Covered Condition as shown below.</p> <ul style="list-style-type: none"> <li>• Benign Brain Tumor</li> <li>• Benign Brain Tumor Benefit Waiting Period</li> <li>• Paralysis</li> <li>• Coma</li> <li>• Major Organ Failure</li> <li>• Severe Burns</li> </ul> <p>Text regarding recurrence will show based on a future product design change.</p> <p>30 days and 90 days could vary between 15 - 180 days.</p> <p>6 months could vary between 30 days - 36 months.</p>
Childhood Conditions Category	<p>Text will show with Policyholder and/or Employee election of Dependent Children Insurance and a Covered Condition as shown below.</p> <ul style="list-style-type: none"> <li>• Cystic Fibrosis</li> <li>• Cerebral Palsy</li> <li>• Muscular Dystrophy</li> <li>• Congenital Heart Disease</li> <li>• Type 1 Diabetes Mellitus</li> <li>• Childhood Conditions Benefit Waiting Period</li> </ul> <p>30 days could vary between 15 - 180 days.</p> <p>6 months could vary between 30 days - 36 months.</p>
<b>8. LIMITATIONS AND EXCLUSIONS</b>	
8.	Section numbers will change to reflect the actual coverage election by the Policyholder and/or Employee.
What exclusions apply to the benefits payable?	<p>Any combination of the following exclusions may show if applicable under the Policyholder's plan:</p> <ul style="list-style-type: none"> <li>• active participation in a riot, rebellion or insurrection;</li> <li>• committing or attempting to commit an assault, felony or other criminal act;</li> <li>• your engagement in dangerous conduct or hazardous activity where there is a likelihood of death or serious injury;</li> <li>• being legally intoxicated or under the influence of any narcotic unless taken on the advice of a Physician and taken as prescribed; or</li> <li>• improper or illegal use of inhalants or huffing</li> </ul>

Field	Scope of Variation
What limitations apply to the benefits payable?	12 months will vary between 12 and 24 months.
Pre-Existing Condition	<p>The look-back from the effective date of coverage will vary between 3, 6, or 12 months.</p> <p>Text will be included regarding increases in insurance if same is allowed under the Policyholder's plan.</p> <p>Text regarding symptoms for which an ordinarily prudent person would have consulted a health care provider may show if required under the Policyholder plan.</p>
What are the maximum benefits payable under this Certificate?	<p>Text regarding one benefit payment will not show if a recurrence benefit rider is elected.</p> <p>The percentage of the benefits payable for all Covered Conditions in the same category may change between 100% - 200%.</p> <p>The percentage of the benefits payable for all the Covered Conditions in all Categories may change between 100% - 400%.</p>
What happens if you are rehired by your Employer?	<p>Text may appear based on Policyholder requirements.</p> <p>If a time period applies, 6 months will vary between 3, 6, 12, 24, or 36 months based on Policyholder requirements. Otherwise, this text will not appear.</p> <p>Text will appear to the extent rehire is conditional upon a layoff as opposed to being terminated for cause or any other reason under the Policyholder plan.</p> <p>Text will appear to the extent an Eligibility Waiting Period and/or a Pre-existing Condition limitation is applicable under the Policyholder plan.</p>
<b>9. WELLNESS SCREENING BENEFIT</b>	
9. WELLNESS SCREENING BENEFIT	Text will appear and Section numbers will change to reflect the actual coverage election by the Policyholder and/or Employee.
What is the wellness screening benefit?	<p>Reference to Spouse will appear if coverage is elected by the Policyholder and/or Employee.</p> <p>The following tests may or may not appear and in any order:</p> <ul style="list-style-type: none"> <li>• Breast Cancer Screening (clinical breast exam, mammography, MRI, thermography, ultrasound)</li> <li>• Colorectal Cancer Screening (fecal occult blood test, colonoscopy, sigmoidoscopy)</li> <li>• Lipid panel (cholesterol, triglycerides, HDL, LDL)</li> <li>• Pap smear</li> <li>• Prostate Cancer Screening (digital rectal exam, PSA blood test)</li> <li>• Skin Cancer Screening</li> <li>• Diabetes tests (fasting blood glucose test, hemoglobin A1c)</li> <li>• Electrocardiogram (ECG)-resting or stress</li> <li>• Ambulatory 24-hour blood pressure testing</li> </ul>
What is the amount of the wellness screening benefit?	<p>\$50 may change from \$50 - \$300.</p> <p>Reference to Spouse will appear if coverage is elected by the Policyholder and/or Employee.</p>
What conditions apply to the wellness screening benefit?	15 months may change from 30 days - 36 months.
<b>10. CLAIMS</b>	
10.	Section numbers will change to reflect the actual coverage election by the Policyholder and/or Employee.

Field	Scope of Variation
When does written Notice of Claim have to be submitted?	60, 90, and 15 days may vary from 30 days - 24 months based on Policyholder requirements and as mandated by state laws or regulations.
When does written Proof of claim have to be submitted?	120 days may vary from 30 days - 24 months based on Policyholder requirements and as mandated by state laws or regulations.
When will a decision on your claim be made?	45 days and 30 day may vary from 10 days – 45 days based on ERISA requirements and as mandated by Federal laws or regulations.
What if your claim is denied?	Text will show if the plan is subject to ERISA and may vary to comply with federal requirements.
Can you request a review of a claim denial?	180 days may vary from 90 days - 365 days. 45 days may vary from 10 days – 45 days based on Policyholder requirements and as mandated by state laws or regulations.
What if your claim is denied on review?	Text will show if the plan is subject to ERISA.
To whom are benefits payable?	\$5,000 may vary between \$1,000 - \$10,000 based on ERISA requirements and as mandated by Federal laws or regulations.
<b>11. INSURANCE CONTINUATION</b>	
11. INSURANCE CONTINUATION	Text will appear and Section numbers will change to reflect the actual coverage election by the Policyholder and/or Employee.
Are there any conditions under which your insurance can continue?	<p>Conditions regarding continuation may include some or all of the following:</p> <ul style="list-style-type: none"> <li>• Layoff – for up to 3 months;</li> <li>• Leave of Absence – for up to 6 months;</li> <li>• Absence due to Injury or Sickness – for up to 6 months;</li> <li>• Temporary reduction in hours – for up to 6 months;</li> <li>• School recess period – for up to 6 months;</li> <li>• Policyholder-specific language based on Policyholder plan requirements;</li> </ul> <p>3 and 6 months may vary between 30 days - 24 months.</p> <p>Text regarding Family and Medical Leave Act of 1993 or state required continuation period will appear if same is applicable.</p> <p>Text regarding Uniformed Services Employment and Reemployment Rights Act will appear if same is applicable.</p>
<b>12. PORTABILITY</b>	
12. PORTABILITY	Text will appear and Section numbers will change to reflect the actual coverage election by the Policyholder and/or Employee.

Field	Scope of Variation
What is portability and when are you eligible?	<p>60 months may vary between 12 months - 120 months.</p> <p>The Policyholder plan may require the Insured to be under coverage for a certain amount of time for it to be portable.</p> <p>36 consecutive months may vary between 12 consecutive months - 48 consecutive months.</p> <p>Any or all of the following may appear:</p> <ul style="list-style-type: none"> <li>• leave of absence</li> <li>• labor strike</li> <li>• retirement</li> <li>• sickness</li> <li>• injury</li> </ul> <p>The Policyholder's plan may exclude any person residing outside of the U.S. or Canada. Another country could be included if applicable.</p> <p>The Policyholder's plan may exclude portability if other coverage with the company was already ported.</p> <p>The Policyholder's plan may exclude portability if the insured is over a specified age. Age 70 may vary between 35 - 99.</p>
When must you apply for portability insurance?	<p>31 days may vary between 30 days - 180 days.</p> <p>Text will show if rates for coverage apply.</p>
What is the amount of portable insurance?	<p>100% may vary between 25% - 100%.</p>
When is portability available to your Spouse and when is your Spouse eligible?	<p>Text will appear to reflect the actual coverage election by the Policyholder and/or Employee.</p> <p>60 months may vary between 12 months - 60 months.</p> <p>Any or all of the following may appear:</p> <ul style="list-style-type: none"> <li>• die</li> <li>• Divorce your Spouse</li> <li>• are terminated</li> </ul> <p>The Policyholder plan may require the Insured to be under coverage for a certain amount of time for it to be portable.</p> <p>36 consecutive months may vary between 12 consecutive months - 48 consecutive months.</p> <p>The Policyholder's plan may exclude any person residing outside of the U.S. or Canada. Another country could be included if applicable.</p> <p>Age 70 may vary between 35 - 99.</p> <p>Any or all of the following may appear:</p> <ul style="list-style-type: none"> <li>• death</li> <li>• Divorce</li> <li>• termination</li> </ul>
When must your Spouse apply for portability insurance?	<p>31 days may vary between 30 days - 24 months.</p> <p>Any or all of the following may appear:</p> <ul style="list-style-type: none"> <li>• death</li> <li>• Divorce</li> <li>• termination</li> </ul> <p>Text will show if rates for coverage apply.</p>

Field	Scope of Variation
What is the amount of your Spouse's portable insurance?	100% may vary between 25% - 100%. Any or all of the following may appear: <ul style="list-style-type: none"> <li>• death</li> <li>• Divorce</li> <li>• termination</li> </ul> Text regarding Dependent Children Insurance based on Policyholder election of same.
When does your Spouse's portable insurance start?	Any or all of the following may appear: <ul style="list-style-type: none"> <li>• death</li> <li>• Divorce</li> <li>• termination</li> </ul>
<b>13. CONTINUITY OF COVERAGE</b>	
13. CONTINUITY OF COVERAGE	Text will appear and Section numbers will change to reflect the actual coverage election by the Policyholder and/or Employee.
What if you not Actively at Work when my Employer replaces my Previous Plan with This Plan?	Policy Effective Date may be replaced with Employer's Effective Date if the policy is issued to a trustee group or a Policyholder with different plan designs for subsidiaries. Both may be replaced with the actual date based on Policyholder requirements.
Does the Eligibility Waiting Period apply when your Employer replaces your Previous Plan with This Plan?	Text will show if an Eligibility Waiting Period is applicable under the Policyholder plan.
Does the Pre-Existing Condition limitation apply when your Employer replaces your Previous Plan with This Plan?	Text will show if a Pre-Existing Condition limitation is applicable under the Policyholder plan.
<b>14. GENERAL PROVISIONS</b>	
14.	Section numbers will change to reflect the actual coverage election by the Policyholder and/or Employee.
ASSIGNMENT	Text will show if the benefits are assignable.
CLERICAL ERROR	The following text will show depending upon the policy being issued to a trustee group or a Policyholder with different plan designs for subsidiaries: <ul style="list-style-type: none"> <li>• or the Policyholder;</li> <li>• , the Policyholder, or the Employer.</li> </ul> Language regarding failure to exercise any available continuation or portability options will appear only if continuation or portability is available under the Policyholder plan.
INCONTESTABILITY	Text will show if reinstatement is applicable under the Policyholder plan.
MISSTATEMENT OF FACTS	If the policy is issued to a trustee group or a subsidiary of a larger employer, Policyholder will appear.
LEGAL PROCEEDINGS	60 days may vary between 60 days - 90 days. 3 years may vary between 2 years – 6 years.

Field	Scope of Variation
LIMIT OF PREMIUM REFUNDS	12 months may vary between 6 months - 36 months.
REINSTATEMENT ...	Text will show if reinstatement is allowed under the Policyholder plan. 12 months may vary between 6 months - 36 months. 31 days may vary between 30 days - 125 days.
<b>BACK PAGE</b>	
Critical Illness and Cancer	Text will change to reflect the actual coverage election by the Policyholder and/or Employee and may include Critical Illness, Critical Illness and Cancer, or Cancer Only.
Corporate logo	Will vary to reflect future change.

# Sun Life Assurance Company of Canada

## Statement of Variability

**Form #: 12-SD-R-01**

**Revision Date: May 29, 2012**

**Variability denoted by bracketing**

Field	Scope of Variation
October 1, 2012	Hypothetical - John Doe specimen information.
What is the recurrence benefit?	Text will show if Childhood Conditions are covered under the Policyholder plan. We may also decide to make the benefit available for Childhood Conditions in the future.
What conditions apply to the recurrence benefit?	Text will show if Cancer Conditions, and Cancer and/or Non-Life Threatening Cancer separately, are covered under the Policyholder plan. We may also decide to make the benefit available for Cancer Conditions in the future.  12 months will vary between 3, 6, 12, or 24 months.  Text will show if Major Organ Failure and/or Heart Transplant are covered under the Policyholder plan. We may also decide to make the benefit available for Major Organ Failure and/or Heart Transplant in the future.  The bulleted items are variable and will appear to the extent they apply to the Covered Conditions.
What is the maximum benefit payable under this rider?	The percentage of the benefit for Covered Conditions in the same category may change between 100% - 200%.  If there is a benefit cap beyond Covered Conditions in the same category, the percentage may change between 100% - 400%.
Can you continue the recurrence benefit?	Text will appear if elected by the Policyholder and/or Employee.  Text regarding Insurance Continuation and/or Portability will appear if elected by the Policyholder and/or Employee. We may also decide to make the benefit available for Insurance Continuation and/or Portability in the future.
When does this rider end?	Employer may appear when Employer is identified separately from Policyholder such as when the policy is issued to a trustee group or to Policyholders with a different plan design for subsidiaries. Otherwise, Policyholder will be used.  Text regarding participation in the Trust may appear when the policy is issued to a trustee group.
Company Officer	In the event the signature or title of an officer signing the form changes, any new signature or title utilized will be that of an officer of the company.

# Sun Life Assurance Company of Canada

## Statement of Variability

**Form #: 12-GP-01**

**Revision Date: June 6, 2012**

**Variability denoted by bracketing**

Field	Scope of Variation
<b>Cover Page</b>	
Executive Office	Executive Office address, telephone and internet address reflects current information but may be changed to reflect new address, telephone or internet address.
Policyholder	Hypothetical - John Doe specimen information.
Employer	Text may appear when Employer is identified separately from Policyholder such as when the policy is issued to a trustee group or to Policyholders with a different plan design for subsidiaries and will change to reflect the actual Employer name.
Name of Trust	Text may appear when the policy is issued to a trustee group and will change to reflect the actual Trust name.
Policy Number	Hypothetical - John Doe specimen information.
Policy Effective Date	Hypothetical - John Doe specimen information.
Issue State	Hypothetical - John Doe specimen information.
Amendment Effective Date	Amendment Effective Date will appear and reflect actual effective date if amendment to policy has been issued.
Critical Illness Disability Income	Text will change to show the actual type of insurance selected by the Policyholder:
Policyholder	<p>Employer will be referenced when Employer is identified separately from Policyholder such as when the policy is issued to a trustee group or to Policyholders with a different plan design for subsidiaries.</p> <p>The Premium Due Date will be determined by the due date and frequency of payment requested by the Policyholder.</p>
Company Officers	In the event the signature or title of an officer signing the form changes, any new signature or title utilized will be that of an officer of the company.
<b>1. INCORPORATION PROVISIONS</b>	
1. INCORPORATION PROVISIONS	<p>Application may be replaced with Participation Agreement or similar term if the policy is issued to a trustee group.</p> <p>Employer will be referenced when Employer is identified separately from Policyholder such as when the policy is issued to a trustee group or to Policyholders with a different plan design for subsidiaries.</p> <p>Employees may become Members or another term determined by conditions pertaining to employment or membership.</p> <p>Policyholder may become Employer or another term based on the type of group the policy is issued to (e.g. employer group, trustee group).</p>

Field	Scope of Variation
<b>2. PREMIUMS</b>	
Payment of Premiums	<p>If Canadian dollars are accepted as premium, the following language may appear:</p> <ul style="list-style-type: none"> <li>• and Canadian dollars;</li> <li>• and Canadian dollars at the accepted daily rate of exchange.</li> </ul> <p>Any of the following may appear based on the requirements of the Policyholder's plan:</p> <ul style="list-style-type: none"> <li>• The premium for additional or increased insurance becoming effective during a Policy month will be charged from the next Premium Due Date.</li> <li>• The premium for insurance terminated during a Policy month will cease at the end of the Policy month in which such insurance terminates.</li> <li>• The premium for additional, increased, reduced or terminated insurance will cause a pro-rata adjustment on the next Premium Due Date.</li> </ul>
Premium Rates	<p>12 months may vary between 12 months - 60 months.</p> <p>25% may vary between 10% - 75%.</p> <p>Policy Effective Date may be replaced with Employer's Effective Date if the policy is issued to a trustee group or a Policyholder with different plan designs for subsidiaries. Both may be replaced with the actual date based on Policyholder requirements.</p> <p>The period of time for measuring the number of Employee changes may be determined by the Policyholder.</p> <p>Policyholder may become Employer or another term based on the type of group the policy is issued to (e.g. employer group, trustee group).</p> <p>31 days may vary between 31 – 365 days.</p>
Grace Period	<p>31-day may vary between 31-day - 365-day.</p> <p>Employer will be referenced when Employer is identified separately from Policyholder such as when the policy is issued to a trustee group or to Policyholders with a different plan design for subsidiaries.</p> <p>Text regarding premiums paid for Employers will show if the policy is issued to a trustee group.</p>

Field	Scope of Variation
<b>3. TERMINATION</b>	
Termination	<p>Text regarding trust will show if the policy is issued to a trustee group.</p> <p>Policyholder may become Employer or another term based on the type of group the policy is issued to (e.g. employer group, trustee group).</p> <p>30 days may vary between 30– 365 days.</p> <p>Text regarding hourly Employees is Hypothetical John Doe specimen information and is determined by conditions pertaining to employment and Policyholder plan design. Remaining text is based on the minimum participation requirements determined by the type of insurance provided and Policyholder requirements.</p> <p>75% may vary between 30% - 100%.</p> <p>Employees may become Members or another term determined by conditions pertaining to employment or membership.</p> <p>Text regarding salaried Employees is Hypothetical John Doe specimen information and is determined by conditions pertaining to employment and Policyholder plan design. Remaining text is based on the minimum participation requirements determined by the type of insurance provided and Policyholder requirements.</p> <p>2 may vary between 2 and 50.</p> <p>Text regarding termination will show if the policy is issued to a trustee group. Language may vary to comply with applicable state laws and regulations.</p> <p>60 days may vary between 30– 365 days.</p>
<b>4. GENERAL PROVISIONS</b>	
Agency	<p>Text regarding a third party administrator will appear as applicable.</p> <p>Employees may become Members or another term determined by conditions pertaining to employment or membership.</p>
Certificate of Insurance	<p>Policyholder may become Employer or another term based on the type of group the policy is issued to (e.g. employer group, trustee group).</p> <p>Employees may become Members or another term determined by conditions pertaining to employment or membership.</p>
Information We May Need	<p>Employer will be referenced when Employer is identified separately from Policyholder such as when the policy is issued to a trustee group or to Policyholders with a different plan design for subsidiaries.</p>
Refund Based on Experience	<p>Text will show if Experience Refund is available under the Policyholder plan.</p>
Statements	<p>Policyholder may become Employer or another term based on the type of group the policy is issued to (e.g. employer group, trustee group).</p> <p>Employees may become Members or another term determined by conditions pertaining to employment or membership.</p>
Time Periods	<p>Employer will be referenced when Employer is identified separately from Policyholder such as when the policy is issued to a trustee group or to Policyholders with a different plan design for subsidiaries.</p>

**Sun Life Assurance Company of Canada**  
**Statement of Variability**

**Form #: 12-GP-E-01**

**Revision Date: June 6, 2012**

**Variability denoted by bracketing**

<b>Field</b>	<b>Scope of Variation</b>
October 1, 2012	Hypothetical - John Doe specimen information.
Critical Illness Benefits	Text may vary between Critical Illness Benefits, Critical Illness and Cancer Benefits, Cancer Only Benefits, or Disability Income Benefits and will show the actual type of insurance selected by the Policyholder.
Employee Insurance	Text may vary between a flat monthly rate per \$1,000 of insurance, rates by employee age or rates by employee age and smoking status based on Policyholder election and a group-specific underwriting evaluation.  Age and rate segments will vary based on a group-specific underwriting evaluation.
Spouse Insurance	Text will appear if elected by the Policyholder and/or Employee.  Text may vary between a flat monthly rate per \$1,000 of insurance, rates by spouse age or broken out into rates by spouse age and smoking status based on Policyholder election and a group-specific underwriting evaluation.  Age and rate segments will vary based on a group-specific underwriting evaluation.
Dependent Children Insurance	Text will appear if elected by the Policyholder and/or Employee.  Flat monthly rate per \$1,000 will vary based on a group-specific underwriting evaluation.
Company Officer	In the event the signature or title of an officer signing the form changes, any new signature or title utilized will be that of an officer of the company.